12/20/2007 12:10

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 0 1 2007 30 2007 1 1 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 12 20 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 27991047135

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC D D D D 1.1 0 1 2007 1,1 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand [°]2007 1038787.58 January 1 (b) Cash on Hand at 1123627.69 Begining of Reporting Period 202792.08 1366939.03 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1326419.77 2405726.61 6(a) and 6(c) for Column B) 70936.42 1150243.26 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1255483.35 1255483.35 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

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2007

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м м 1 1 ^D 3 0

^Y 2007

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	96312.03	516232.71
(ii) Unitemized	41050.99	304585.21
(iii) TOTAL (add Lines 11(a)(i) and (ii)	137363.02	820817.92
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	6750.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	137363.02	827567.92
Transfers From Affiliated/Other Party Committees	65000.00	530975.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	2022.40
to Federal candidates and Other Political Committees	0.00	2500.00
7. Other Federal Receipts (Dividends, Interest, etc.)	429.06	3873.71
8. Transfers from Non-Federal and Levin Funds	<u> </u>	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	202792.08	1366939.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	202792.08	1366939.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 361.42 5035.16 Expenditures..... (c) Total Operating Expenditures 361.42 5035.16 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 70000.00 1143580.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 750.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 750.00 (add Lines 28(a), (b), and (c)) 575.00 878.10 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 70936.42 1150243.26 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... 70936.42 1150243.26

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	137363.02	827567.92
34.	Total Contribution Refunds (from Line 28(d))	0.00	750.00
85.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	137363.02	826817.92
86.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	361.42	5035.16
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2022.40
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	361.42	3012.76

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 6 / 130 (check only one)
TI LIMIZED TIEGEII 13			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Steven D Wilkinson			Date of Receipt
	Mailing Address 5721 West 119th Street			1 1 0 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14718371
	Overland Park FEC ID number of contributing federal political committee.	C	66209-3722	Amount of Each Receipt this Period 250.00
	Name of Employer Menorah Medical Center	Occupation Presiden	n t and Chief Executive Office	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Bob Garrison			Date of Receipt
	Mailing Address 511 South White Avenu	11 05 7 2007		
	City	State	Zip Code	Transaction ID: 14718411
	Rangely FEC ID number of contributing federal political committee.	CO	81648-2100	Amount of Each Receipt this Period 249.50
	Name of Employer Rangely District Hospital	Occupation	e Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 249.50	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Dennis L George			Date of Receipt
О.	Mailing Address P O Box 189			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Burlington	State KS	Zip Code 66839-0189	Transaction ID: 14718412 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Coffey County Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			749.50

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 7 / 130
· ·			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. John H Jeter, , M.D.			Date of Receipt
	Mailing Address P O Box 8100			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14718441
	Hays	KS	67601-8100	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Hays Medical Center	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky			Date of Receipt
	Mailing Address 14607 West 89th Stree	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	Transaction ID: 14718456		
	Lenexa	State KS	Zip Code 66215-2967	Amount of Each Receipt this Period
	FEC ID number of contributing		002.0 200.	
	federal political committee.	C		134.61
	Name of Employer	Occupation	1	7
	Kansas Hospital Associati- on	Senior Vi	ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		384.60	1
	Other (specify) ▼	0 0	304.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Eugene W Meyer			Date of Receipt
	Mailing Address 325 Maine Street			M M / D D / Y Y Y Y
	City	State	Zip Code	1 1 0 5 2 0 0 7 Transaction ID: 14718468
	Lawrence	KS	66044-1360	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Lawrence Memorial Hospital	Occupation		
			t and Chief Executive Officer	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		250.00	
	☐ Office (Specify) ♥			1
	UBTOTAL of Receipts This Page (optional)			634.61
\vdash	COLOTAL OF HOOOIPIO THIS Fage (Optional)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 130 (check only one) X
	y information copied from such Reports and St for commercial purposes, other than using the			
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Joyce Portela Mailing Address 9632 Zarda Drive			Date of Receipt
	City Lenexa	State KS	Zip Code 66227-7205	1 1 0 5 2 0 0 7 Transaction ID: 14718488 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Shawnee Mission Medical Center Receipt For: Primary General Other (specify) ▼		erating Officer Year-to-Date 250.00]
В.	Full Name (Last, First, Middle Initial) Ms. Julie Quirin Mailing Address 12300 Metcalf Avenue			Date of Receipt 1 1 0 5 2 0 0 7
	City Overland Park	State KS	Zip Code 66213-1324	Transaction ID: 14718489 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Luke's South Hospit- al		ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Mrs. Lynnette A. RauvolaBouta Mailing Address 25 Huntington St.			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Eastborough	State KS	Zip Code 67206-2047	Transaction ID: 14718491 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Via Christi Health System Receipt For: Primary General Other (specify) ▼		n sident Mission Integration Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 9 / 130	
•			Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			, ,	13 14 15 16 17	
An	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Ms. Nancy Formella			Date of Receipt	
	Mailing Address One Medical Center Dr	ve		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14718567	
	Lebanon	NH	03756-1000	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer Dartmouth-Hitchcock Medic- al Center	Occupation President			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	111		1	
	Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Mr. Gregory J Walker			Date of Receipt	
	Mailing Address 789 Central Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14718569	
	Dover	NH	03820-2526	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer	Occupation	<u> </u>	-	
	Wentworth-Douglass Hospit- al		ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)	0 0	250.00		
_	Full Name (Last, First, Middle Initial)			Data of Bassint	
C.	Mr. Ed Noseworthy Mailing Address 587 Broadoak Loop			Date of Receipt	
	Walling Addicess 567 Broadoak Loop			11 06 2007	
	City	State	Zip Code	Transaction ID: 14720844	
	Sanford	FL	32773-6604	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		250.00	
	Name of Employer Florida Hospital East Orl-	Occupation Administr			
	ando Receipt For:		Year-to-Date V		
	Primary General	, iggi egale	Tour to bate ¥	1	
	Other (specify)		250.00		
				1	
s	UBTOTAL of Receipts This Page (optional)			750.00	
\vdash					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 10 / 130
	EMIZED RECEIPTS		or each category of the	(check only one)	
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Ar	ny information copied from such Reports and Stater	n for the purpose of sol	iciting contributions		
or	for commercial purposes, other than using the name	ne and add	dress of any political committee to	solicit contributions fror	n such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. James K Elrod			Date of Receipt	
Α.	Mailing Address 2600 Greenwood Road			M M / D	D / Y Y Y Y
				11 0	
	City	State	Zip Code	Transaction ID:	14729451
	Shreveport	LA	71130-2600	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Willis-Knighton Health Sy-	Occupation President	n t and Chief Executive Officer	1	
	Stem		Year-to-Date ▼		
	Primary General	1 1	500.00		
	Other (specify)	0 0	300.00		
В.	Full Name (Last, First, Middle Initial) Mr. William R Holman, , FACHE			Date of Receipt	
	Mailing Address P O Box 2511		11 0		
	City	Zip Code	Transaction ID: 14729452		
	Baton Rouge	LA	70821-2511	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Raton Rougé General Medic	Occupation			
	al Center F		t and Chief Executive Officer Year-to-Date T	_	
	Primary General	riggrogate	Total to Bate V		
	Other (specify) ▼	0 0	500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Delores LeJeune			Date of Receipt	
•	Mailing Address 1125 West Highway 30			M M / D	D / Y Y Y Y
				11 0	
	City	State	Zip Code	Transaction ID:	
	Gonzales	LA	70737-5004	Amount of Each F	Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	St Elizabeth Hóspital	Occupation Chief Exe	n ecutive Officer		
		Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) 🔻	0 0	300.00		
s	SUBTOTAL of Receipts This Page (optional)				1500.00
			·		
T	OTAL This Period (last page this line number only))	>		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 11 / 130 (check only one)
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Phyllis Peoples, , MSN, R.N			Date of Receipt
	Mailing Address P O Box 6037			1 1 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14729454
	Houma	<u>LA</u>	70361-6037	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Terrebonne General Medical Center	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. John J. Finn, Ph.D.			Date of Receipt
	Mailing Address 417 Magnolia Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14729455
	Mandeville	LA	70471-1646	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Metropolitan Hospital Cou- ncil of New O	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	1 1	250.00	
— С.	Full Name (Last, First, Middle Initial) Mr. Larry Graham			Date of Receipt
-	Mailing Address 1701 Oak Park Bouleva	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14729511
	Lake Charles	LA	70601-8911	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lake Charles Memorial Hos- pital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
S	BUBTOTAL of Receipts This Page (optional)			1000.00
1 -				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the name	tements may	not be sold or used by any persordress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC		,,	
Α.	Full Name (Last, First, Middle Initial) Ms. Karen Mixon Mailing Address 1635 Marvel Street City Coushatta FEC ID number of contributing federal political committee. Name of Employer CHRISTUS Coushatta Health Care Center Receipt For: Primary General Other (specify)	State LA C Occupation Administ Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. John Steckler Mailing Address 2450 Severn Avenue, St. City Metairie FEC ID number of contributing federal political committee. Name of Employer ShareCor Receipt For: Primary General Other (specify)	State LA C Occupation Director		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr. Thomas Warner Mailing Address 1514 Jefferson Highway City New Orleans FEC ID number of contributing federal political committee. Name of Employer Ochsner Health System Receipt For: Primary General Other (specify)	State LA C Occupation President	Zip Code 70121-2429 n t and CEO e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X) Use separate sched			Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 /		
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —	
TI LIMIZED TIEGEN TO			Detailed Summary Page	X 11a 11b	11c 12	
Λ	we information conicd from such Departs and Ct	v not be cold or upod by any narrow	13 14 14	15 16 17		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	such committee.	
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
\angle	'					
	Full Name (Last, First, Middle Initial)					
A.	Mr. Edward J Bonn			Date of Receipt		
	Mailing Address 11 Upper Riverdale Ro	ad SW		1 1 0 8	2007	
	City	State	Zip Code	Transaction ID: 14		
	Riverdale	GA	30274-2600	Amount of Each Red		
	FEC ID number of contributing				· · · · · ·	
	federal political committee.	C			250.00	
	Name of Familian	10				
	Name of Employer Southern Regional Medical	Occupation	n t and Chief Executive Officer			
	Center Receipt For:		Year-to-Date ▼			
	Primary General	Aggregate	Teal to Date ¥			
	Other (specify) ▼		250.00			
	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 677 Church Street			1 1 0 8	2007	
	City	State	Zip Code	Transaction ID: 14		
	Marietta GA		30060-1101	Amount of Each Red		
			30000-1101	Amount of Each Net	zeipt tills Fellod	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer WellStar Kennestone Hospi-	Occupation				
	tal		ce President and Administra	to T		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		250.00			
	care (opening)	0 0				
_	Full Name (Last, First, Middle Initial)					
C.	Mr. Lee Sanders Greer			Date of Receipt		
	Mailing Address 664 Mooney Hollow Ro	ad		M M / D D D D D D D D D D D D D D D D D	2007	
	City	State	Zip Code	Transaction ID: 14		
	<u>Tallahassee</u>	AL	35010	Amount of Each Red		
	FEC ID number of contributing		00010	Amount of Each floor	· · · · · · · · · · · · · · · · · · ·	
	federal political committee.	C			525.00	
	· · · · · · · · · · · · · · · · · · ·			_		
	Name of Employer Community Hospital	Occupation CFO	1			
	Receipt For:		Year-to-Date ▼	_		
	Primary General	Aggregate	: Teal-to-Date ▼			
Other (specify)			525.00			
s	UBTOTAL of Receipts This Page (optional)				1025.00	
			<u> </u>			
T	OTAL This Period (last page this line number of	only)				

PAGE 14 / 130 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** <u>|</u>17 13 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Ms. A. Elizabeth Anderson Mailing Address 6600 Apple Cross Drive North 2007 1.1 8 0 Zip Code City State Transaction ID: 14730318 Mobile 1 36695-2900 Αl Amount of Each Receipt this Period FEC ID number of contributing 210.00 C federal political committee. Name of Employer USA Children's and Women's Occupation Administrator Hospital Aggregate Year-to-Date ▼ Receipt For: General Primary 210.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. John Gardner Date of Receipt Mailing Address 1000 West 8th Avenue 8 0 2007 City Zip Code State Transaction ID: 14730648 Yuma CO 80759-2641 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Yuma District Hospital Occupation Administrator Receipt For: Aggregate Year-to-Date V Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Steve Wantz Date of Receipt Mailing Address 7218 Marstella Drive 2007 1.1 09 Citv State Zip Code Transaction ID: 14730717 Brownsburg IN 46112-8442 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Clarian Health Occupation Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 960.00 SUBTOTAL of Receipts This Page (optional)

PAGE 15 / 130 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Linda Roberts Mailing Address 1701 North Senate Boulevard 2007 1.1 09 Zip Code City State Transaction ID: 14730718 Indianapolis IN 46202-1239 Amount of Each Receipt this Period FEC ID number of contributing 500.00 C federal political committee. Name of Employer Clarian Health Occupation Hospital Vice President Aggregate Year-to-Date ▼ Receipt For: Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Allison D. Wharry Date of Receipt Mailing Address 4636 St. John Circle 09 2007 City State Zip Code Transaction ID: 14730735 **Zionsville** IN 46077-8140 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Indiana Hospital&Health Occupation Director, Health Policy <u>Association</u> Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Mr. Blake A Dye Date of Receipt Mailing Address P O Box 490 2007 1.1 09 Citv State Zip Code Transaction ID: 14730738 **New Castle** IN 47362-0490 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Henry County Hospital Occupation President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 130	
			Use separate schedule(s) or each category of the	(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	aress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Marvin G Pember			Date of Receipt	
	Mailing Address 1701 North Senate Bou	lvevard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14730739	
	Indianapolis	IN	46202	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		500.00	
	Name of Employer Clarian Health Partners	Occupation Hospital	n EVP and CFO		
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼	1	500.00		
В.	Full Name (Last, First, Middle Initial) Mr. Samuel L Odle			Date of Receipt	
	Mailing Address 1701 North Senate Bou	M M / D D / Y Y Y Y			
		11 09 2007			
	City	State	Zip Code	Transaction ID: 14730740	
	Indianapolis	IN	46202-1239	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	rederal political committee.				
	Name of Employer Methodist Hospital	Occupation			
		1	t and Chief Executive Office	<u>r</u>	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	, ,	500.00		
	Other (specify) ▼	0 0	1 1 1 1 1 1 1		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Norman G Tabler, , Jr.			Date of Receipt	
٥.	Mailing Address 1701 North Senate Bou	M M / D D / Y Y Y Y			
	1701 North Genate Boa	11 09 2007			
	City	State	Zip Code	Transaction ID: 14730741	
	Indianapolis	IN	46202-1239	Amount of Each Receipt this Period	
	FEC ID number of contributing	<u> </u>		500.00	
	federal political committee.	C		300.00	
	Name of Employer Clarian Health	Occupation			
			Sr VP & Gen'l Counsel	_	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	□ Other (Speelity) ♥		0 0 0 0 0 0 0	1	
。	UBTOTAL of Receipts This Page (optional)			1500.00	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 17 / 130
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			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any person	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	ine and add	iress or arry political committee to	Solicit Contributions from Such Committee.
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr Paul Janssen			Date of Receipt
	Mailing Address 601 Hosier Drive			11 09 2007
	City	State	Zip Code	Transaction ID: 14730745
	New Castle	IN	47362-0490	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Henry County Hospital	Occupation Senior Vi	n ce President and Chief Finar	nd
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Daniel F Evans, , Jr.			Date of Receipt
	Mailing Address P O Box 1367			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14730746
	Indianapolis	IN	46206-1367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Clarian Health	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			Data of Bassint
٠.	Dr. Naval Sondhi, MD Mailing Address P O Box 1906			Date of Receipt
				11 09 2007
	City Indianapolis	State IN	Zip Code 46206-1906	Transaction ID: 14730748
	FEC ID number of contributing		40200-1900	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Clarian Health	Occupation Executive	n e Management/Administrator	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)		······	1250.00
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T	OTAL This Period (last page this line number onl	y)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 / 130
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Jeffrey Linder			Date of Receipt
	Mailing Address P.O. Box 1367			11 09 2007
	City	State	Zip Code	Transaction ID: 14730756
	Indianapolis	IN	46206-1367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Clarian Health Partners	Occupation Hospital	n VP, Gov't Affairs	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Cynthia Kreutz			Date of Receipt
	Mailing Address 900 Potomac Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14730831
	Aurora	CO	80011-6716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Spalding Rehabilitation	Occupation	n t and Chief Executive Office	
	Hospital Receipt For:	1	Year-to-Date V	
	Primary General	riggregate	Tear to Bate V	1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Janet Stephens			Date of Receipt
	Mailing Address 6014 Watson Drive			M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
	City	State	Zip Code	Transaction ID: 14730834
	Fort Collins	CO	80528-8877	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Colorado Hospital Associa- tion	Occupation Vice Pres	n sident of Government Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00]
				1000 00
s	UBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 130
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Megan Cundari			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		11 09 7 2007
	City	State	Zip Code	Transaction ID: 14733941
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer American Hospital Associa-	Occupation	า	7
	American Hospital Association-Washingt	Associate	e Director, Federal Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	
	Other (specify)	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. James A. Diegel			Date of Receipt
٥.	Mailing Address 2524 SW 34 Court			M M / D D / Y Y Y Y
				11 1 09 2007
	City	State	Zip Code	Transaction ID: 14733942
	Redmond	OR	97756-8280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Central Oregon District	Occupation	า	7
	Central Oregon District Hospital	Executive	e Director	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		050,00	
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Andrea Easton			Date of Receipt
	Mailing Address 258 Evergreen Road #4			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14733943
	Lake Oswego	OR	97034-3145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer		1	7
	Oregon Association of Hospitals & Heal	Director of	of Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	
	Other (specify)	0 0	250.00	
				625.00
S	UBTOTAL of Receipts This Page (optional)		······	020.00

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	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
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Δr	ny information copied from such Reports and St	ataments may	not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ac			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address 14432 SE Eastgate Wa	v. Ste 300		M M / D D / Y Y Y Y
		•		11 09 2007
	City	State	Zip Code	Transaction ID: 14733944
	Bellevue	WA	98007-6493	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer PeaceHealth	Occupation		
		1	t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	U Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			Date of Boardal
В.	Mr. Deryl L Jones			Date of Receipt
	Mailing Address 10123 SE Market Stree	11 09 2007		
	City	State	Zip Code	
	•	OR	•	Transaction ID: 14733945
	Portland	Un	97216-2532	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Adventist Medical Center	Occupation	n	
	Adventist Médičal Center	Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1 1 1 1 1 1 1	1
	Other (specify) ▼		250.00	
				1
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Skip Kriz			Date of Receipt
	Mailing Address 2095 Lakeview Drive			M M / D D / Y Y Y Y Y
	<u> </u>			11 09 2007
	City	State	Zip Code	Transaction ID: 14733946
	Eugene	OR	97408-7207	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			250.00
	Name of Employer	Occupation	n	-
	Name of Employer PeaceHealth		ancial Officer	
	Receipt For:		Year-to-Date ▼	-
	Primary General	, iggregate		1
	Other (specify)		250.00	
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Δr	ny information copied from such Reports and Sta	atemente may	, not be sold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association FAC			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Mr. Mel Pyne			Date of Receipt
	Mailing Address 3015 Summit Sky Blvd.			M M / D D / Y Y Y Y
				11 09 2007
	City	State	Zip Code	Transaction ID: 14733955
	Eugene	OR	97405-6253	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer PeaceHealth	Occupation	n	
		CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		300.00]
ь	Full Name (Last, First, Middle Initial)			Data of Baselat
В.	Mr. Terry O Finklein			Date of Receipt
	Mailing Address 2111 Exchange Street	11 09 2007		
	City	State	Zip Code	
	•	OR	•	Transaction ID: 14733962
	Astoria	Uh	97103-3329	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Columbia Memorial Hospital	Occupation	n	\neg
	Columbia Mėmorial Hospital	Chief Exe	ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		250.00	
				*
	Full Name (Last, First, Middle Initial)			
C.	Mr. David Holloway, MD.			Date of Receipt
	Mailing Address 3735 Cherokee Drive S	outh		M M / D D / Y Y Y Y
			7: 0 1	11 09 2007
	City	State	Zip Code	Transaction ID: 14733964
	Salem	OR	97302-9712	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			255.55
	Name of Employer	Occupation	n	\dashv
	Name of Employer Salem Hospital Receipt For:		dical Officer	
			e Year-to-Date ▼	\dashv
	Primary General	99. 09410		7
	Other (specify)		250.00	
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。	UBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 130
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An	y information copied from such Reports and Sta	tements may	not be sold or used by any person	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Cheryl Nester-Bowers			Date of Receipt
	Mailing Address 252 Muirfield Avenue SE			1 1 0 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 14733965
	Salem	OR	97306-8594	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Salem Hospital	Occupation Sr. VP. P	n atient Care, Chief Nursing O	f
	Receipt For:		Year-to-Date ▼	<u>-</u>
	Primary General	00 0		
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. William E Winter			Date of Receipt
	Mailing Address 342 Fairview Street			M M / D D / Y Y Y Y
	Oth.	01-1-	Zin Ondo	11 09 2007
	City	State	Zip Code	Transaction ID: 14733973
	Silverton	OR	97381-1917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	1	-
	Silverton Hospital		ative Director	
	Receipt For:	1	Year-to-Date ▼	
	Primary General			
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Roy G Vinyard, , FACHE			Date of Receipt
	Mailing Address 2650 Siskiyou Blvd, Sui	te 200		11 09 2007
	City	State	Zip Code	Transaction ID: 14733983
	Medford	OR	97504-8170	Amount of Each Receipt this Period
	FEC ID number of contributing			338.00
	federal political committee.	C		330.00
	Name of Employer Asante Health System	Occupation		
			and Chief Executive Officer	-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
	Carior (opcony)	-		
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٩	JBTOTAL of Receipts This Page (optional)			1088.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 23 / 130
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	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Mr Kent L. Brown			Date of Receipt
	Mailing Address 2825 East Barnett			11 09 2007
	City	State	Zip Code	Transaction ID: 14733986
	Medford	OR	97504-8332	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rogue Valley Medical Cent-	Occupation	n erating Officer	7
	er Receipt For:		e Year-to-Date ▼	_
	Primary General			1
	Other (specify) ▼	0 0	250.00]
В.	Full Name (Last, First, Middle Initial) Dr. Andrew Wilson, MD			Date of Receipt
	Mailing Address 1268 Greenleaf Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14735360
	Rochester Hills	MI	48309-1723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	 n	\dashv
	Beaumont Hospital - Royal Oak	1 '	Administration	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon			Date of Receipt
٥.	Mailing Address 220 Windy Ridge			M M / D D / Y Y Y Y
	Cit.	Ctata	7in Oada	11 09 2007
	City Hollister	State MO	Zip Code 65672-5725	Transaction ID: 14735761 Amount of Each Receipt this Period
	FEC ID number of contributing		00012-0120	
	federal political committee.	C		42.00
	Name of Employer Skaggs Community Health Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	-	e Year-to-Date ▼	7
	Primary General		· · · · · · · · · · · · · · · · · · ·	1
	Other (specify) ▼		462.00	1
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s	UBTOTAL of Receipts This Page (optional)		<u>)</u>	542.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 130
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Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle	· · · · · · · · · · · · · · · · · · ·			
	Full Name (Last, First, Middle Initial)			
Α.	Dr. Wayne Gandee, MD			Date of Receipt
	Mailing Address PO Box 13727			1 1 1 4 2 0 0 7
	Cit.	Ctoto	Zin Codo	
	City	State	Zip Code	Transaction ID: 14741802
	Roanoke	VA	24036-3727	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Carilion Roanoke Community	Occupation	า	
	Carilion Roanoke Community Hospital	Administ	rator/Chair, Radiology	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1141 Windy Hill Road			M M / D D / Y Y Y Y
	0::		7: 0 1	11 14 2007
	City	State	Zip Code	Transaction ID: 14741803
	Goodview	VA	24095-2909	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	า	
	Carilion Health System	Vice Pres	sident	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		05000	1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			Patrof Paralli
C.	Ms. Linda White			Date of Receipt
	Mailing Address 644 Johston Road			11 14 2007
	City	State	Zip Code	Transaction ID: 14741815
	Marion	VA	24354-4345	Amount of Each Receipt this Period
			2-1001 -10-10	Amount of Each receipt this rendu
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Smyth County Community Ho-	Occupation		
	spital		sident Finance	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	
_				
				750.00
S	UBTOTAL of Receipts This Page (optional)			730.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 25 / 130
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Ar	ny information copied from such Reports and St	n for the purpose of solic	iting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)			Data of Bassint	
Α.	Mr. Donald L. Harris Mailing Address 5976 Burnside Landing	Drive		Date of Receipt	/ Y Y Y Y Y
	- 3970 Burnside Landing		1111111111		
	City	State	Zip Code	Transaction ID: 14	4741871
	Burke	VA	22015-2522	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Inova Health System	Occupation Vice Pres	n sident, Government Relations	S .	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0			
В.	Full Name (Last, First, Middle Initial) Mr. Dennis Vonderfecht			Date of Receipt	
	Mailing Address 701 N State of Franklin	Ste 1		M M / D D 1 1 1 1 4	
	City	State	Zip Code	Transaction ID: 14	4741884
	Johnson City	TN	37604-3645	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			62.50
	Name of Employer Mountain States Health Al-	Occupation	n t and Chief Executive Officer		
	liance Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1 1	1062.50		
	Other (specify) ▼	0 0	1062.30		
<u> </u>	Full Name (Last, First, Middle Initial) Dr Janis M Orlowski, , M.D.			Date of Receipt	
Ο.	Mailing Address 2705 Olive St. NW			M M / D D	/ Y Y Y Y
				11 18	
	City	State	Zip Code	Transaction ID: 14	
	Washington	DC	20007-3326	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			1000.00
	Name of Employer Washington Hospital Center		ice President Medical Affairs		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify)				
s	UBTOTAL of Receipts This Page (optional)		1312.50		
	OTAL This David (last record this live as				
1 1	OTAL This Period (last page this line number of	ину)			

SCHEDULE A (FEC Form 3X))		FOR LINE NUMBER: PAGE 26 / 130 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and or for commercial purposes, other than using t	Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Dr. David Engler, PhD			Date of Receipt
Mailing Address 323 Pebble Creek Di	rive		M M / D D / Y Y Y Y Y Y 1 1 1 1 6 2 0 0 7
City	State	Zip Code	Transaction ID: 14745270
<u>Dublin</u>	OH	43017-1370	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Ohio Hospital Association	Occupatio Sr. Dir. D	n Data Services & V.P. REF	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Mr. Thomas S. Urban	I		Date of Receipt
Mailing Address 8484 Old Shaw Way	•		11 16 2007
City	State	Zip Code	Transaction ID: 14745271
West Chester	OH	45069-6400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Mercy Health Partners	Occupatio Administ		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) C. Mr. Thomas P. Nickels	'		Date of Receipt
Mailing Address 325 Seventh Street, Suite 700	NW		11 26 7 2007
City	State	Zip Code	Transaction ID: 14754001
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer American Hospital Associa- tion-Washingt	_, -	President, Federal Relations	*
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	1
Cities (apecity) 🔻	0 0		<u> </u>
SUBTOTAL of Receipts This Page (optional)			1500.00
TOTAL This Period (last page this line numb	er only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27/130 (check only one)
Ar	ny information copied from such Reports and Stateme for commercial purposes, other than using the name	nts may	not be sold or used by any perso	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	a a. aa a		
Α.	Full Name (Last, First, Middle Initial) Mr. James F Caldas			Date of Receipt
	Mailing Address 110 Irving Street NW			1 1 1 4 2 0 0 7
	,	tate	Zip Code	Transaction ID: 14754006
	<u>Washington</u> D	C	20010-3017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Washington Hospital Center	cupatior esident		
	Receipt For: Primary General Other (specify) Ag	gregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Thomas P Pipicelli			Date of Receipt
	Mailing Address 326 Washington Street			11 1 4 2007
		tate	Zip Code	Transaction ID: 14755570
	Norwich C	<u> </u>	06360-2740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	William W. Backus Hospita	cupatior esident	n and Chief Executive Office	,
		gregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Kathleen Roche			Date of Receipt
	Mailing Address 114 Woodland Street			11 14 2007
		tate	Zip Code	Transaction ID: 14755571
		T	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Saint Francië Hospital and	cupation		
	Medical Cen		ce President Year-to-Date ▼	\dashv
	Primary General	grogato		1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number only)		_	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Julia A. Petrellis Mailing Address 329 Round Hill Road City Bristol FEC ID number of contributing federal political committee. Name of Employer Connecticut Hospital Association Receipt For: Primary General Other (specify)		Zip Code 06010-9021 n Quality Improvement e Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Mr J Kevin Kinsella Mailing Address P O Box 5037 City	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	Hartford FEC ID number of contributing federal political committee.	CT	06102-5037	Amount of Each Receipt this Period 250.00
	Name of Employer Hartford Hospital Receipt For: Primary General Other (specify) ▼	Occupation Vice Pres Aggregate		
D .	Full Name (Last, First, Middle Initial) Mr. James S. Paolino Mailing Address 827 Orange Road			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Waterbury FEC ID number of contributing federal political committee.	State CT	Zip Code 06708	Amount of Each Receipt this Period 250.00
	Name of Employer Connecticut Hospital Asso- ciation Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		n , Goverment Relations e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 / 130
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr Daniel E Lohr			Date of Receipt
	Mailing Address 326 Washington Street			1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14755606
	Norwich	CT	06360-2733	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer William W. Backus Hospita-	Occupation Senior Vi	n ce President and Chief Fina	
	I, The Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. William Godburn			Date of Receipt
	Mailing Address 114 Woodland Street			M M / D D / Y Y Y Y
				11 14 2007
	City	State	Zip Code	Transaction ID: 14755607
	<u>Hartford</u>	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	ı	7
	Saint Francis Hospital and Medical Cen	Vice Pres	sident Revenue Managment	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	200.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Mr. Steven A. Godfrey Mailing Address Post Office Box 100			Date of Receipt
	Walling Address Post Office Box 100			11 14 2007
	City	State	Zip Code	Transaction ID: 14755608
	New Britain	CT	06050-4000	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Central Connecticut Health	Occupation		
	Alliance		sident, Managed Care	_
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify)		250.00	
	☐ Office (Specify) ₩			
6	UBTOTAL of Receipts This Page (optional)			750.00
\vdash	CDI OTAL OF TOOGIPIS THIS Page (optional)	•••••		

COMEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 30 / 130	
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
		-1	and the state of the same of t		
or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Clarence J Silvia			Date of Receipt	
	Mailing Address 81 Meriden Avenue	M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 1 4 2 0 0 7			
	City	State	Zip Code	Transaction ID: 14755609	
	Southington	CT	06489-3268	Amount of Each Receipt this Period	
				- Although of Edon Hoodipt time Fortica	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Bradley Memorial Hospital	Occupation	1	7	
	and Health C	President	and Chief Executive Office	r	
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General			1	
	Other (specify) ▼		250.00		
				1	
— В.	Full Name (Last, First, Middle Initial) Mr. Joseph Connolly			Date of Receipt	
	Mailing Address 56 Franklin Street	M M / D D / Y Y Y Y			
	Maining Address 30 Franklin Street	11 14 2007			
	City	State	Zip Code	Transaction ID: 14755610	
	Waterbury	CT	06706-1221	Amount of Each Receipt this Period	
		UI.	00700-1221	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		250.00	
	federal political committee.				
	Name of Employer Saint Mary's Hospital	Occupation	1	7	
	Saint Mary's Hospital	Director			
	Receipt For:	Aggregate	Year-to-Date V	7	
	Primary General	00 0		1	
	Other (specify) ▼		250.00		
				1	
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms. Nancy R. Becker			Date of Receipt	
	Mailing Address 2022 Overhill Drive	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 14755669	
	Nashville	TN	37215-3415	Amount of Each Receipt this Period	
	FEC ID number of contributing	-			
	federal political committee.	C		250.00	
	Name of Employer Saint Thomas Hospital Occupation VP Strategic Developmen				
	<u> </u>				
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	-		1	
	Other (specify)	L	250.00		
				_	
_	SUBTOTAL of Receipts This Page (optional)	750.00			
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				The second secon	

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S	CHEDULE A (FEC Form 3X)		Llas saparata sabadula(a)	F	OR LINE NUMBER: PAGE 31 / 130	
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(0	check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12	
					13 14 15 16 17	
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any per dress of any political committee	rson fo to soli	r the purpose of soliciting contributions cit contributions from such committee.	
	NAME OF COMMITTEE (In Full)					
\angle	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. Brian Rogoz	Date of Receipt				
	Mailing Address 81 Meriden Avenue	11 1 14 2007				
	City	State	Zip Code		Transaction ID: 14755670	
	Southington	CT	06489-3297		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Bradley Memorial Hospital and Health C	Occupatio Vice Pres	n sident Finance and Chief F	inan		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)		250.00			
В.	Full Name (Last, First, Middle Initial) Mr. Patrick Charmel				Date of Receipt	
	Mailing Address 130 Division Street				M M / D D / Y Y Y Y Y 1 1 1 1 1 1 2 0 0 7	
	City	State	Zip Code		Transaction ID: 14755671	
	Derby	CT	06418-1326		Amount of Each Receipt this Period	
	FEC ID number of contributing	C			250.00	
	federal political committee.				250.00	
	Name of Employer Griffin Hospital	Occupatio Presiden	ⁿ t and Chief Executive Offic	cer		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	250.00			
	Other (specify)	0 0				
C.	Full Name (Last, First, Middle Initial) Ms. Joyce Wade				Date of Receipt	
	Mailing Address 114 Woodland Street				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code		Transaction ID: 14755672	
	Hartford	CT	06105-1208		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C				
	Name of Employer	Occupatio	n			
	Saint Francis Hospital and Medical Cen	Trustee				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	250.00				
	Other (specify) ▼		200.00			
Ĺ	UBTOTAL of Receipts This Page (optional)				750.00	
1 3	ODIOIAL OF RECEIPTS THIS FAGE (OPTIONAL)					

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 32 / 130
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
An	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	lress of any political committee to	solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
\angle	*			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Donald Straceski			Date of Receipt
	Mailing Address 114 Woodland Street			11 14 2007
	City	State	Zip Code	
	Hartford	CT	·	Transaction ID: 14755772
		U1	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Saint Francis Hospital and	Occupation	1	
	Saint Francis Hospital and Medical Cen	Vice Pres	sident Fiancial Management	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
				•
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address P O Box 100			1 1 1 4 2 0 0 7
	City	State	Zip Code	
	New Britain	CT	06050-0100	Transaction ID: 14755774
		UI .	06030-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	reacrai political committee.			
	Name of Employer New Britain General Hospi-	Occupation	1	
	tal .		ce President Medical Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		230.00	
	Full Name /Leat First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Dr. Howard A. Shaw, MD			Date of Receipt
	Mailing Address 65 Olander Lane			M M / D D / Y Y Y Y
				11 14 2007
	City	State	Zip Code	Transaction ID: 14755775
	Middletown	CT	06457-1574	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	\dashv
	Saint Francis Hospital and		n & Director, Department OE	3/GYN
	Medical Cen Receipt For:		Year-to-Date ▼	
	Primary General	33. 394.0		1
	Other (specify)		250.00	
				1
s	UBTOTAL of Receipts This Page (optional)		_	750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 130
ITEMIZED RECEIPTS			or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
۸۰	w information applied from auch Deports and Sta	tomonto mo	, not be cold or used by any norse	
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Carolyn S. Kobsa			Date of Receipt
	Mailing Address P O Box 5000	Ctata	7in Onda	1 1 1 1 2 0 0 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	City	State CT	Zip Code	Transaction ID: 14755777
	Bridgeport	CI	06610-0120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Bridgeport Hospital	Occupation Senior Vi	n ice President Planning and N	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Martin L. Levine			Date of Receipt
	Mailing Address 19 Carter Lane			1 1 1 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14755778
	Glastonbury	CT	06033-2217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Windham Community Memorial	Occupation	n	7
	Hospital		rator Director Human Resou	rces
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
		1 1		
Э.	Full Name (Last, First, Middle Initial) Mr. Kevin Reynolds			Date of Receipt
	Mailing Address 280 Steele Road			11 1 4 2007
	City	State	Zip Code	Transaction ID: 14757234
	West Hartford	CT	06117-2743	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Updike, Kelly and Spellacy	Occupation Trustee	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	250.00	
_	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
			•	
т	OTAL This Period (last page this line number or	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 130 (check only one) X
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr Vincent Capece			Date of Receipt
	Mailing Address 28 Crescent Street	11 14 2007		
	City Middletown	State CT	Zip Code 06457-3650	Transaction ID: 14757235 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Middlesex Hospital	Occupation Vice Pres	n sident Finance and Treasure	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Edward Johnson			Date of Receipt
	Mailing Address 114 Woodland Street	11 1 1 4 2 0 0 7		
	City	State	Zip Code	Transaction ID: 14757236
	Hartford FEC ID number of contributing federal political committee.	CT	06105-1208	Amount of Each Receipt this Period 250.00
	Name of Employer Saint Francis Care	Occupation Senior Vi	n ice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Mary Ann Hanley			Date of Receipt
	Mailing Address 349 East Street			1 1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14757237
	Hebron	CT	06248-1102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Saint Francis Hospital and	Occupation		
	Medical Cen Receipt For:		rator, Liaison Office e Year-to-Date ▼	\dashv
	Primary General	, iggi ogale		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 35 / 130
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b] 11c
			13 14	15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of solici solicit contributions from	ting contributions such committee.
NAME OF COMMITTEE (In Full)				
American Hospital Association PAC				
Full Name (Last, First, Middle Initial) A. Mr. James W. Schepker			Date of Receipt	
Mailing Address 115 Mountain Terrace I	Road		M M / D D D 1 1 4	2007
City	State	Zip Code	Transaction ID: 14	757238
West Hartford	CT	06107-1547	Amount of Each Re	ceipt this Period
FEC ID number of contributing federal political committee.	C			250.00
Name of Employer Saint Francis Hospital and Medical Cen	Occupation Vice pres	n sident Communications		
Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) B. Mr. Bernard A. Clark, III			Date of Receipt	
Mailing Address 93 Johnny Cake Lane	M M / D D D 1 4	2007		
City	State	Zip Code	Transaction ID: 14	757308
Glastonbury	CT	06033-2545	Amount of Each Re	ceipt this Period
FEC ID number of contributing federal political committee.	С			250.00
Name of Employer Saint Francis Hospital and	Occupation			
Medical Cen		n, Dept. of Medicine		
		e Year-to-Date ▼	_	
Primary General Other (specify) ▼		250.00		
Full Name (Last, First, Middle Initial) C. Mr. Robert J Trefry			Date of Receipt	
Mailing Address P O Box 5000			M M / D D	/ Y 'Y 'Y 'Y
			11 14	2007
City	State	Zip Code	Transaction ID: 14	
Bridgeport	CT	06610-0120	Amount of Each Re	ceipt this Period
FEC ID number of contributing federal political committee.	С			500.00
Name of Employer Bridgeport Hospital		t and Chief Executive Office	r	
Receipt For:	Aggregate	e Year-to-Date ▼	_	
Primary General Other (specify) ▼		500.00		
SUBTOTAL of Receipts This Page (optional)				1000.00
TOTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 / 130
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Dr Amit K Mody, , M.D.			Date of Receipt
	Mailing Address 114 Woodland Street			11 1 4 2007
	City	State	Zip Code	Transaction ID: 14757310
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Francis Care, Inc.	Occupation Executive	n e Vice President and Chief C	DD e
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	500.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Paul F. Pendergast			Date of Receipt
	Mailing Address 95 Woodland Street			M M / D D / Y Y Y Y
				11 14 2007
	City	State	Zip Code	Transaction ID: 14757311
	Hartford	CT	06105-1230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Francis Care, Inc.	Occupation President	n t & Chief Development Offic	er
Receipt For:		-	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		750.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Bruce D Cummings			Date of Receipt
	Mailing Address 365 Montauk Avenue			1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14757312
	New London	CT	06320-4700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Lawrence & Memorial Hospi- tal	Occupation President	n and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	F00.00	1
	Other (specify) ▼		500.00	1
s	UBTOTAL of Receipts This Page (optional)			1500.00
\vdash	. 3 (1)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBE	ER: PAGE 37/130
ITEMIZED RECEIPTS			or each category of the	(check only one)	
II EIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b	\mapsto \vdash
				13 14	15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso	n for the purpose of s	soliciting contributions
OI		name and add	dress of any political committee to	SOlicit Contributions in	Tom Such Committee.
	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Mr. Robert Gerard Kiely			Date of Receipt	1
	Mailing Address 28 Crescent Street				D / Y Y Y Y
					14 2007
	City	State	Zip Code	Transaction ID	
	Middletown	СТ	06457-3654	Amount of Eacl	n Receipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				
	Name of Employer Middlesex Hospital	Occupation	n	7	
	Middlesex Hospital	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		300.00		
	Full Name (Least First Middle Letter)			+	
В.	Full Name (Last, First, Middle Initial) Dr. Joel R Reich, , M.D.			Date of Receipt	•
	Mailing Address 71 Haynes Street			- ·	D / Y Y Y Y Y
					14 2007
	City	State	Zip Code	Transaction ID	: 14757320
	Manchester	CT	06040-4131	Amount of Eacl	n Receipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				300.00
	Name of Employer	Occupation	n	\dashv	
	Name of Employer Eastern Connecticut Health Network		ce President Medical Affairs		
	Receipt For:		e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		500.00		
C.	Full Name (Last, First, Middle Initial) Mr. Karl Krapek			Date of Receipt	•
٥.	Mailing Address 11 Pembroke Drive			= '	D / Y Y Y Y Y
	The improve brive				14 2007
	City	State	Zip Code	Transaction ID	: 14757321
	Avon	CT	06001-3970	Amount of Eacl	n Receipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee. Name of Employer				300.00
			n	\dashv	
Saint Francis Hospital and Medical Cen		Occupation Board Me			
			e Year-to-Date ▼	_	
	Primary General			1	
	Other (specify)		500.00		
					1500.00
S	UBTOTAL of Receipts This Page (optional)		······		1900.00
T	OTAL This Period (last page this line number of	only)	>		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 38 / 130		
•			Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Summary Fage	13 14 15 16 17		
Ar	y information copied from such Reports and S	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	•					
	Full Name (Last, First, Middle Initial)					
Α.	Mr. Thomas O. Barnes			Date of Receipt		
	Mailing Address 123 Main Street			1 1 1 4 2 0 0 7		
	0::	0	7: 0 1			
	City	State	Zip Code	Transaction ID: 14757322		
	Bristol	CT	06010-6307	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.			555.55		
	Name of Employer	Occupation	1	-		
	Name of Employer Bristol Hospital		n of the Board			
	Receipt For:		Year-to-Date ▼	-		
	Primary General	riggrogato	rear to Bate 🔻			
	Other (specify)		1000.00			
	case (operation) \ \		0 0 0 0 0 0 0	\		
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 64 Robbins Street			M M / D D / Y Y Y Y		
				11 14 2007		
	City	State	Zip Code	Transaction ID: 14757323		
	Waterbury	CT	06708-2600	Amount of Each Receipt this Period		
	FEC ID number of contributing			E00.00		
	federal political committee.	C		500.00		
	Name of Employer	0		4		
	Name of Employer Waterbury Hospital	Occupation	i and Chief Executive Officer			
				_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.		
	Other (specify)	' '	500.00			
	Citiei (specify)					
_	Full Name (Last, First, Middle Initial)					
C.	Mr. James D. lacobellis			Date of Receipt		
	Mailing Address 110 Barnes Road			M M / D D / Y Y Y Y		
				11 14 2007		
	City	State	Zip Code	Transaction ID: 14757337		
	Wallingford	CT	06492-1802	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		500.00		
	V (F)	10 "		_		
	Name of Employer Connecticut Hospital Asso-	Occupation				
	ciation	_ +	sident, Government Relation	<u>8</u>		
	Receipt For:	Aggregate	Year-to-Date ▼	.		
	Primary General		500.00			
	Other (specify)	-				
1.				1500.00		
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	1000.00		
1						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 130
•		Use separate schedule(s) or each category of the		(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			-	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Barry Feldman			Date of Receipt
	Mailing Address 114 Woodland Street			11 14 2007
	City	State	Zip Code	Transaction ID: 14757338
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Saint Francis Hospital and Medical Cen	Occupation Senior Vi	n Ice President-General Couns	— el
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Martin J. Gavin			Date of Receipt
	Mailing Address 108 Winding Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14757339
	Avon	CT	06001-2625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Connecticut Children's Me- dical Center	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John J. Brady, III			Date of Receipt
	Mailing Address 5 Lynnbrook Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14757340
	Trumbull	CT	06611-3308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Connecticut Hospital Asso-	Occupation		
	ciation		sident, Business Developmer	<u>t</u> &
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	'''	500.00	
	Other (specify)			
S	UBTOTAL of Receipts This Page (optional)			1500.00
1	c		······	

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 40 / 130
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Kimberley K. Hostetler			Date of Receipt
	Mailing Address 31 Prospect Place			11 1 14 2007
	City	State	Zip Code	Transaction ID: 14757341
	Bristol	СТ	06010-5045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Ms. Marna P Borgstrom			Date of Receipt
	Mailing Address 20 York Street	111 / 14 / 2007		
	City	State	Zip Code	Transaction ID: 14757342
	New Haven	CT	06510-3220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Yale-New Haven Hospital	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0		
Э.	Full Name (Last, First, Middle Initial) Mr. Stephen A. Frayne			Date of Receipt
	Mailing Address 411 Old Sherman Hill Re			11 1 14 2007
	City	State	Zip Code	Transaction ID: 14757343
	Woodbury	СТ	06798-4003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Connecticut Hospital Asso-	Occupation		7
	ciation	1	sident, Finance	
	Receipt For:	Aggregate	Year-to-Date ▼	. [
	Primary General Other (specify)		500.00	
	Cities (Sheerity)			
SI	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 1	30
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16	<u> </u>
Ar or	ny information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	;
$\overline{}$	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC			_	
۹.	Full Name (Last, First, Middle Initial) Mr. Robert P Ritz			Date of Receipt	
	Mailing Address 56 Franklin Street			M M / D D / Y Y Y Y 1 1 1 1 4 2007	
	City	State	Zip Code	Transaction ID: 14757344	
	Waterbury	CT	06706-1238	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.0	0
	Name of Employer Saint Mary's Hospital	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
3.	Full Name (Last, First, Middle Initial) Mr. Kurt A Barwis, , CHE, CPA			Date of Receipt	
	Mailing Address Brewster Road	1 1 1 1 4 2 0 0 T			
	City	State	Zip Code	Transaction ID: 14757345	
	Bristol	СТ	06011	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.0	0
	Name of Employer Bristol Hospital	Occupation President	n t and Chief Executive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify) 🔻				
о. С.	Full Name (Last, First, Middle Initial) Mr. Laurence A Tanner			Date of Receipt	
	Mailing Address P O Box 100			M M / D D / Y Y Y Y 1 1 1 1 4 2 0 0 1	
	City	State	Zip Code	Transaction ID: 14757346	_
	New Britain	CT	06050-0100	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.0	0
	Name of Employer Hospital of Central Conne-	Occupation		7	
	cticut, The	1	t and Chief Executive Officer Year-to-Date V	-	
	Receipt For: Primary General	Aggregate			
	Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)		·····	1500.0	0
т.	OTAL This Period (last page this line number o	nlv)			
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SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42 / 130
IT	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. Brian Fillipo, MD			Date of Receipt
	Mailing Address 6192 Moores Creek			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14757351
	Summerfield	NC	27358-8285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Connecticut Hospital Asso- ciation	Occupation Vice Pres	n sident, Quality and Patient S	a
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Mr. Christopher M Dadlez			Date of Receipt
	Mailing Address 114 Woodland Street			1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14757352
	Hartford	CT	06105-1208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Saint Francis Care, Inc.	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
Э.	Full Name (Last, First, Middle Initial) Mr. William Stanley			Date of Receipt
	Mailing Address 292 Pequot Avenue			11 / 14 / 2007
	City	State	Zip Code	Transaction ID: 14757353
	New London	CT	06320-4451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Lawrence & Memorial Hospi-	Occupation	n sident, Development	
	tal Receipt For:		Year-to-Date ▼	-
	Primary General	111		1
	Other (specify)		250.00	
SI	JBTOTAL of Receipts This Page (optional)			1750.00
	OTAL This Period (last page this line number or	nlv)	•	

SCHEDULE A (F	FEC Form 3X)		Llea caparata cabadula(c)	FOR LINE NU		PAGE 43 / 130
ITEMIZED RECE			Use separate schedule(s) or each category of the Detailed Summary Page	(check only or X 11a 13	ne) 11b 14	11c 12 15 16 17
Any information copied from for commercial purpos	om such Reports and Statemer es, other than using the name a	ents may rand addre	not be sold or used by any persoless of any political committee to	n for the purpose	e of solicitin	na contributions
NAME OF COMMITT American Hospital	, ,					
Full Name (Last, First Ms. Mary Lyon Mailing Address 12	, Middle Initial) Wildlife Drive			Date of Re	D D /	Y Y Y Y Y
City Wallingford		State CT	Zip Code 06492-5346	1 1 Transactio		
FEC ID number of confederal political commi	ntributing		00492-3340	Amount of	Each Nece	eipt this Period
Name of Employer Connecticut Hospital diation Receipt For: Primary Other (specify)	Asso- Vic Agg	cupation ce Presig gregate \	dent Year-to-Date ▼ 250.00			
Full Name (Last, First Mr Kyle Ballou		0 0	0 0 0 0 0 0 0	Date of Re	eceipt	
					1 4	2007
City		State	Zip Code	Transactio		
New Haven FEC ID number of corfederal political commi	ntributing	ET :	06510-3220	Amount of	Each Rece	eipt this Period 250.00
Name of Employer Yale-New Haven Hos	oital Occ Adr	cupation Iministra	ative Director Community &	Go		
Receipt For: Primary Other (specify)	General	ggregate `	Year-to-Date ▼ 250.00			
Full Name (Last, First Mr. Christopher Hartley				Date of Re	eceipt	
Mailing Address 11	4 woodland Street			M M /	14	2007
City		State	Zip Code	Transactio		
Hartford		CT	06105-1208	Amount of	Each Rece	eipt this Period
FEC ID number of cor federal political comm		;				500.00
Name of Employer Saint Francis Hospita Medical Cen Receipt For:	31	cupation Vice Progregate	Year-to-Date ▼			
Other (specify)	V	0 0	500.00			
SUBTOTAL of Receipts	This Page (optional)		·····			1000.00
TOTAL This Period (las	t page this line number only)		>			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMB	ER: PAGE 44/130
ITEMIZED RECEIPTS			or each category of the	(check only one)	
II LIVIIZED RECEIF 13			Detailed Summary Page	X 11a 11b	\rightarrow \rightarrow \sim
				13 14	15 16 17
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements may	not be sold or used by any person	n for the purpose of s	soliciting contributions
OI		name and add	dress of any political committee to	SOIICIT CONTINUUTIONS I	TOTT SUCTI COMMITTEE.
	NAME OF COMMITTEE (In Full)				
1/	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)			1	
Α.	Mr. E. Merrit McDonough, Jr.			Date of Receip	t
	Mailing Address 44 Wesmont			-	D / Y Y Y Y
				1,1	14 2007
	City	State	Zip Code	Transaction ID	: 14757384
	West Hartford	CT	06117-2927	Amount of Eac	h Receipt this Period
	FEC ID number of contributing				050.00
	federal political committee.	C			250.00
	V (F)	10 "		4	
	Name of Employer Saint Francis Hospital and	Occupation			
	Medical Cen		ce President	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
	Calci (openity)				
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receip	t
	Mailing Address 789 Howard Avenue			M M / D	D / Y Y Y Y
				11	14 2007
	City	State	Zip Code	Transaction ID	: 14757416
	New Haven	CT	06519-1304	Amount of Eac	h Receipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				200.00
	Name of Employer	Occupation	n	+	
	Name of Employer Yale New Haven Health Sys-		e Vice President and Chief O	pe	
	tem Receipt For:	_	e Year-to-Date ▼	7	
	Primary General	33 3		1	
	Other (specify) ▼		250.00		
				'	
_	Full Name (Last, First, Middle Initial)			_	
C.	Dr. Jane Deane Clark, PhD			Date of Receip	t
	Mailing Address 110 Barnes Road			M M / D	14 2007
	City	State	Zip Code		
	Wallingford	CT	•	Transaction ID	
	•	UI	06492-1802	Amount of Eac	h Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederai politicai committee.				
	Giation		n	7	
			irector, Healthcare Data		
			e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼		250.00		
_					
			750.00		
S	UBTOTAL of Receipts This Page (optional)	······	······································		730.00
T	OTAL This Period (last page this line number	only)	>		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 45 / 130
ITEMIZED RECEIPTS		or each category of the	(check only one)
•		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	ny information copied from such Reports and Statements	may not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the name and	address of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	American Hospital Association PAC		
<u>/_</u>	Full Name (Last, First, Middle Initial)		
A.	Ms. Patricia McCooey		Date of Receipt
	Mailing Address 110 Barnes Road		11 14 2007
	City State	Zip Code	Transaction ID: 14757418
	Wallingford CT	06492-1802	Amount of Each Receipt this Period
	FEC ID number of contributing		250.00
	federal political committee.		230.00
	Name of Employer Connecticut Hospital Asso-	ation	
	ciation	or, Patient Care	
		gate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
			-
В.	Full Name (Last, First, Middle Initial) Ms. Leslie Gianelli		Date of Receipt
Ь.	Mailing Address 110 Barnes Road		M M / D D / Y Y Y Y
		11 14 2007	
	City State	Zip Code	Transaction ID: 14757419
	Wallingford CT	06492-1802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		250.00
	federal political committee.		
	Name of Employer Connecticut Hospital Asso-		
	ciation	or, Communications gate Year-to-Date ▼	_
	Receipt For: Aggree Primary General	gale real-10-Dale V	7
	Other (specify) ▼	250.00	
_			-
C.	Full Name (Last, First, Middle Initial) Mr. Allan Pinard		Date of Receipt
•	Mailing Address 110 Barnes Road		M M / D D / Y Y Y Y
	012	7'. 01-	11 14 2007
	City State Wallingford CT	Zip Code 06492-1802	Transaction ID: 14757422 Amount of Each Receipt this Period
	EEC ID number of contribution	00402 1002	
	federal political committee.		250.00
	Name of Employer Occupa	ation	_
	Connecticut Hecnital Acce	ant Vice President, Finance	
	Ciation	gate Year-to-Date ▼	
	Primary General	250.00	7
	Other (specify) ▼	200.00	J
	L		
s	UBTOTAL of Receipts This Page (optional)		750.00
T	OTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 130
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Jerome G. Geraghty Mailing Address 20 South Charles Street			Date of Receipt
	Sun Life Building, Suite 1 City	State	Zip Code	1 1 2 6 2 0 0 7 Transaction ID: 14757440
	Baltimore FEC ID number of contributing federal political committee.	MD C	21201-3220	Amount of Each Receipt this Period 625.00
	Name of Employer Maryland Hospital Association Receipt For: Primary General Other (specify) ▼		n neral Counsel Year-to-Date ▼ 625.00	
В.	Full Name (Last, First, Middle Initial) Ms. Catherine M. Crowley Mailing Address 2100 Poplar Ridge Road			Date of Receipt 1 1 2 6 2 0 0 7
	City	State	Zip Code	Transaction ID: 14757441
	Pasadena	MD	21122-3820	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		600.00
	Name of Employer Maryland Hospital Associa- tion Receipt For: Primary General Other (specify) ▼		Vice President Year-to-Date ▼ 600.00]
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James J Xinis			Date of Receipt
	Mailing Address 100 Hospital Road			11 26 2007
	City Prince Frederick	State MD	Zip Code 20678-9675	Transaction ID: 14757442 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Calvert Memorial Hospital	Occupation President	n and Chief Executive Office	r
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2225.00
Ļ	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 47 / 130		
•			Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			zotanou cummary r ugo	13 14 15 16 17		
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Carmela S. Coyle			Date of Receipt		
	Mailing Address 325 Seventh Street, NW Suite 700	1		11 26 7 2007		
	City	State	Zip Code	Transaction ID: 14757474		
	Washington	DC	20004-2818	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer American Hospital Associa-	Occupation		7		
	tion-Washingt		ce President, Policy			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼	' '	1000.00			
	Other (specify)	1 1	0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)					
В.		147		Date of Receipt		
	Mailing Address 2550 University Avenue	11 26 2007				
	City	State	Zip Code	Transaction ID: 14757495		
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		140.00		
	Name of Employer	Occupation	1	7		
	Minnesota Hospital Association	Vice Pres	s, Regulatory/Strategic Affair			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		530.00	1		
	Other (specify)		330.00			
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Descipt		
U.	Mr. Bruce J. Rueben Mailing Address 4885 Pheasant Court Se	outh		Date of Receipt		
	4003 Fileasant Court Si	11 26 2007				
	City	State	Zip Code	Transaction ID: 14757497		
	Afton	MN	55001-9415	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		269.50		
	Name of Employer Minnesota Hospital Associ-	Occupation	1	7		
	Minnesota Hospital Associ- ation	President				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.50	1		
	Other (specify)		500.50			
_						
				1409.50		
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>			
1						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 130	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Δr	y information copied from such Reports and Statem	nents may	not be sold or used by any perso		
or	for commercial purposes, other than using the nam	e and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
_	Full Name (Last First MC-191-191-19				
۹.	Full Name (Last, First, Middle Initial) Ms. Ann Gibson			Date of Receipt	
•	Mailing Address 2550 University Avenue W			M M / D D / Y Y Y Y	
	Suite 350-S			11 26 2007	
	City	State	Zip Code	Transaction ID: 14757513	
		MN	55114-1052	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		250.00	
	Minnesota Hospital Associ-	ccupation			
	ation		Health Policy & Federal Rela		
	Receipt For: Primary General	aggregate	Year-to-Date ▼		
	Other (specify)		250.00		
	(-F // V	1 1	0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
3.	Ms. Tania Daniels			Date of Receipt	
	Mailing Address 2550 University Avenue W	•		11 26 2007	
	City	State	Zip Code	Transaction ID: 14757514	
	-	MN	55114-1052	Amount of Each Receipt this Period	
	FFC ID number of contribution		· · · · · · · · · · · · · · · · · · ·		
	federal political committee.	C		250.00	
	Name of Employer	Occupation	1	-	
	Minneenta Hoeńital Associ-		Health Policy		
	ation		Year-to-Date ▼	1	
	Primary General	1 1	250.00		
	Other (specify) ▼	1 1	250.00		
	Full Name (Lost First Middle Initial)				
Э.	Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD			Date of Receipt	
	Mailing Address 2550 University Avenue W			M M / D D / Y Y Y Y	
	011	01-1	7's Osda	11 26 2007	
	City Spirit Paul	State	Zip Code	Transaction ID: 14757519	
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		240.00	
		icial political committee.			
	Minnocoto L'ocóital Accosi	ccupation			
	ation		s, Regulatory/Strategic Affair Year-to-Date ▼	-	
	Primary General	.ggi egale			
	Other (specify)		770.00		
	•			740.00	
S	UBTOTAL of Receipts This Page (optional)	<u>.</u>	······································	740.00	
_					
T	OTAL This Period (last nage this line number only)		b		

S	CHEDULE A (FEC Form 3X)		Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 49 / 130
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	or not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Debra K Boardman			Date of Receipt
	Mailing Address 323 South Minnesota St			111 26 7 2007
	City	State	Zip Code	Transaction ID: 14757520
	Crookston	MN	56716-1600	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		7.50
	Name of Employer Riverview Healthcare Asso- ciation	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		367.50	
3.	Full Name (Last, First, Middle Initial) Mr. James F Hanko			Date of Receipt
	Mailing Address 1300 Anne Street NW	11 26 7 2007		
	City	State	Zip Code	Transaction ID: 14757598
	<u>Bemidji</u>	MN	56601-5103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		167.05
	Name of Employer North Country Regional Ho- spital	Occupation President	n and Chief Executive Office	7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		517.50	
— Э.	Full Name (Last, First, Middle Initial) Ms Kathy Johnson			Date of Receipt
	Mailing Address 200 North Elm Street			11 26 7 2007
	City	State	Zip Code	Transaction ID: 14757602
	Onamia	MN	56359-7901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mille Lacs Health System	Occupation Chief Op	n erating Officer	
	Receipt For: Primary General	Chief Op	erating Officer Year-to-Date ▼	1
	Receipt For:	Chief Op	erating Officer	
S	Receipt For: Primary General	Chief Op Aggregate	erating Officer Year-to-Date ▼ 375.00	424.55

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 130
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
_			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persol ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Bruce J. Rueben			Date of Receipt
	Mailing Address 4885 Pheasant Court So	uth		11 26 2007
	City	State	Zip Code	Transaction ID: 14757618
	Afton	MN	55001-9415	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		269.50
	Name of Employer Minnesota Hospital Associ- ation	Occupation President]
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		770.00	
3.	Full Name (Last, First, Middle Initial) Mr. Mark Sonneborn			Date of Receipt
	Mailing Address 2550 University Avene			11 26 2007
	City	State	Zip Code	Transaction ID: 14757621
	St. Paul	MN	55114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		280.00
	Name of Employer Minnesota Hospital Associ-	Occupation		
	ation Receipt For:		sident of Information Services Year-to-Date ▼	<u> </u>
	Primary General	Aggregate		
	Other (specify) ▼	0 0	400.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Paul Belcher			Date of Receipt
	Mailing Address Rt. 15, Box 241			111 26 7 2007
	City	State	Zip Code	Transaction ID: 14758858
	Tallahassee	FL	32311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Florida Hospital Associat-	Occupation		
	ion Receipt For:		ce President Year-to-Date ▼	
	Primary General	Aggregate		
	Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)		>	1049.50
Т	OTAL This Period (last page this line number on	lv)	>	
-	(• /		

SCHEDULE A (FEC Form 3X)			Llas apparata aphadula(a)	FOR LINE NUMBER: PAGE 51 / 130
	EMIZED RECEIPTS	Use separate schedule(s) or each category of the		(check only one)
11	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Sue G Brody			Date of Receipt
	Mailing Address 701 Sixth Street South			11 26 7 2007
	City	State	Zip Code	Transaction ID: 14758876
	Saint Petersburg	FL	33701-4891	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bayfront Medical Center	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, , ,	500.00	
	Other (specify)	0 0		
— В.	Full Name (Last, First, Middle Initial) Mr. Timothy J Goldfarb			Date of Receipt
	Mailing Address 1600 SW Archer Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14759088
	Gainesville	FL	32610-3003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Shands HealthCare	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	1500.00	
	Other (specify)		1300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John Hillenmeyer			Date of Receipt
	Mailing Address 1414 Kuhl Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14763671
	Orlando	FL	32806-2093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Orlando Regional Healthca-	Occupation	n t and Chief Executive Officer	
	re Receipt For:	1	e Year-to-Date Very control of the transfer	\dashv
	Primary General	gg. ogaic		1
	Other (specify) ▼	0 0	500.00	
				2500.00
S	UBTOTAL of Receipts This Page (optional)			200100

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 52 / 130	
	·	Use separate schedule(s) or each category of the		(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			_ common common, rage	13 14 15 16 17	
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Lars Houmann			Date of Receipt	
	Mailing Address 601 East Rollins Street			1 1 2 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14763673	
	Orlando	FL	32803-1248	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		22.50	
	Name of Employer Florida Hospital	Occupation President			
	Receipt For:		Year-to-Date ▼	_	
	Primary General	00 0		1	
	Other (specify) ▼		545.00		
В.	Full Name (Last, First, Middle Initial) Mr Warren E Jones			Date of Receipt	
	Mailing Address 1300 Miccosukee Road			M M / D D / Y Y Y Y	
	-			11 26 2007	
	City	State	Zip Code	Transaction ID: 14763797	
	Tallahassee	<u>FL</u>	32308-5054	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	1	-	
	Tallahassee Memorial Heal-		sident and Chief Communica	ution	
	thCare Receipt For:	1	Year-to-Date ▼	<u></u>	
	Primary General			1	
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Alfred G Stubblefield			Date of Receipt	
	Mailing Address 1717 North 'E' Street, St	te 320		11 29 2007	
	City	State	Zip Code	Transaction ID: 14763814	
	Pensacola	FL	32501-6377	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Baptist Health Care Corpo-	Occupation President			
	ration Receipt For:		Year-to-Date ▼	-	
	Primary General	Ayyı eyale	Toul to Date ¥	1	
	Other (specify)		1000.00		
				1	
6	UBTOTAL of Receipts This Page (optional)			1272.50	
\vdash					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 53 / 130	
•			Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Paul Malek			Date of Receipt	
	Mailing Address 625 Buttonwood Lane			1 1 2 6 2 0 0 7	
	City	State	Zip Code	Transaction ID: 14763816	
	Miami	FL	33137-3359	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Memorial Healthcare System	Occupation Administr			
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Mr. Timothy P Menton			Date of Receipt	
	Mailing Address 600 East Dixie Avenue			M M / D D / Y Y Y Y	
				11 26 2007	
	City	State	Zip Code	Transaction ID: 14763822	
	Leesburg	FL	34748-5925	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	1	7	
	Leesburg Regional Medical Center		hief Executive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General			1	
	Other (specify)		272.50		
	Full Name (Last, First, Middle Initial)				
C.	Mr. William G Ulbricht			Date of Receipt	
	Mailing Address P O Box 12588			11 26 7 2007	
	City	State	Zip Code	Transaction ID: 14764133	
	Saint Petersburg	FL	33733-2588	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		212.50	
	Name of Employer St. Anthony's Hospital	Occupation	ecutive Officer		
	Receipt For:		Year-to-Date ▼	_	
	Primary General	55. 554.0		1	
	Other (specify) ▼		212.50		
				1	
s	UBTOTAL of Receipts This Page (optional)			712.50	
\vdash					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 130
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam	ments may	r not be sold or used by any perso	on for the purpose of soliciting contributions
 NAME OF COMMITTEE (In Full) 	iio aliu auu	noss or any political committee to	Solicit Continuations from Such Confinitites.
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Joseph L. Ruark			Date of Receipt
Mailing Address 6809 Hillock Court			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14765728
Florence	KY	41042-1175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
St Elizabeth Médical Con	Occupation Acting Ch	n nief Financial Officer	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) 3. Mr. Michael J Gibbons			Date of Receipt
Mailing Address 109 Brittany Court			11 30 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14765729
Lakeside Park	KY	41017-2101	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
St Elizabeth Médical Cen-	Occupation	1	
ter I	Trustee Aggregate	Year-to-Date ▼	-
Primary General	7 tgg. 0gu.0		1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. Michael Walters, MD			Date of Receipt
Mailing Address 747 Hurstbourne			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14765730
Edgewood	KY	41017-9602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
St Elizabeth Médical Cen-	Occupation		
ter-South		President Year-to-Date ▼	_
Primary General	/ iggi egate		1
Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional))	850.00
TOTAL This Period (last page this line number only)))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 55 / 130	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b	11c 12
_				13 14	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 interiodir i toopital 7 loodestation i 7 lo				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Eric Beyer			Date of Receipt	
	Mailing Address 641 Salem End road			1 1 3 0	2007
	City	State	Zip Code	Transaction ID: 14	
	Framingham	MA	01702-5529	Amount of Each Red	
	•		01702 0020	Amount of Laciffied	
	FEC ID number of contributing federal political committee.	C			250.00
	·				
	Name of Employer Tufts-New England Medical	Occupation			
	Center	President			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		250.00		
		0 0	0 0 0 0 0 0 0	1	
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 83 Penniman Place			M M / D D	7 7 7 7 7
	Cit.	01-1-	7in Ondo	11 30	2007
	City	State	Zip Code	Transaction ID: 14	
	Brookline	MA	02445-4135	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer New England Baptist Hospi-	Occupation	n		
	tal	Trustee			
	Receipt For:	Aggregate	e Year-to-Date ▼	_	
	Primary General Other (specify) ▼		250.00		
	Ctrief (specify)		0 0 0 0 0 0	J .	
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Patrick Jordan			Date of Receipt	
	Mailing Address 2014 Washington Stree	et		M M / D D	/ Y Y Y Y Y
	Cit.	01-1-	7:- Oada	11 30	2007
	City	State MA	Zip Code	Transaction ID: 14	
	Newton Lower Falls	IVIA	02462-1699	Amount of Each Red	celpt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Newton-Wellesley Hospital	Occupation			
			erating Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify)	' '	1000.00		
	Canor (opeony) 🔻		1 1 1 1 1 1 1	J.	
s	UBTOTAL of Receipts This Page (optional)				1500.00
\vdash	daga.p.aa . aga (apaana)				
T	OTAL This Period (last page this line number of	only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 130
ıT	EMIZED RECEIPTS	or each category of the		(check only one)
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				13 14 15 16 17
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a			not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Peter L Slavin, , M.D.			Date of Receipt
	Mailing Address 55 Fruit Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14765784
	Boston	MA	02114-2622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	0 0 0 0 0	1000.00
	Name of Employer	Occupation	1	_
	Massachusetts General Hospital	Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000	1
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Trudy Chittick			Date of Receipt
	Mailing Address 150 East Arapahoe Stre	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14765838
	Thermopolis	WY	82443-2402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	_
	Name of Employer Hot Springs County Memori-		ecutive Officer	
	al Hospital Receipt For:		e Year-to-Date ▼	_
	Primary General	Ayyreyate	rear-to-Date V	,
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gordon Lewis			Date of Receipt
J.	Mailing Address 2000 Campbell Drive			M M / D D / Y Y Y Y
	City	Ctata	7in Codo	11 30 2007
	City Torrington	State WY	Zip Code 82240-1528	Transaction ID: 14765839
	•		02240-1320	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Community Hospital		n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
	L			1500.00
S	UBTOTAL of Receipts This Page (optional)		······	1300.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 57 / 130	
			Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Peter A. Sherlock			Date of Receipt	
	Mailing Address 388 Western Avenue			11 30 7 2007	
	City	State	Zip Code	Transaction ID: 14766433	
	West Brattleboro	VT	05301-6238	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Brattleboro Memorial Hosp-	Occupation Trustee	1	7	
	ital Receipt For:		Year-to-Date ▼		
	Primary General	33 -3		1	
	Other (specify) ▼	1	500.00		
				1	
В.	Full Name (Last, First, Middle Initial) Ms. Cynthia Kreutz			Date of Receipt	
	Mailing Address 900 Potomac Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14766437	
	Aurora	CO	80011-6716	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Spalding Rehabilitation	Occupation			
	Hospital	1	and Chief Executive Officer	<u>· </u>	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)	' '	750.00		
	Carlor (oposity) •	0 0	1 1 1 1 1 1 1		
<u> </u>	Full Name (Last, First, Middle Initial) Mr Henry D Lipman			Date of Receipt	
	Mailing Address 179 Sara Circle			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14766472	
	Laconia	NH	03246-3069	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	С		500.00	
	Name of Employer LRG Healthcare	Occupation Executive	n e Vice President and Chief F	in	
	Receipt For:		Year-to-Date ▼		
	Primary General	-50		1	
	Other (specify) ▼	L	500.00		
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s	UBTOTAL of Receipts This Page (optional)			1500.00	
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Lice congrate cohedule(c)	FOR LINE NUMBER: PAGE 58 / 130
or each category of the	(check only one)
Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
ements may not be sold or used by any person	
ame and address of any political committee to	solicit contributions from such committee.
	Date of Receipt
±308	M M / D D / Y Y Y Y
	11 30 2007
State Zip Code	Transaction ID: 14766480
IL 60062-5735	Amount of Each Receipt this Period
C	250.00
Occupation	
Vice President, Ministry Development	
Aggregate Year-to-Date ▼	
250.00	
	Date of Receipt
	M M / D D / Y Y Y Y
Chata Zin Cada	11 30 2007
•	Transaction ID: 14766484
CA 93814-3945	Amount of Each Receipt this Period
C	250.00
•	
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Aggregate real-to-bate •	
250.00	
	5. (5.).
	Date of Receipt
	11 30 2007
State Zip Code	Transaction ID: 14766485
DC 20007-2349	Amount of Each Receipt this Period
	500.00
C	300.00
Occupation	-
•	
Associate Medical Director	
Aggregate Year-to-Date ▼	
Aggregate Year-to-Date ▼	
Aggregate Year-to-Date ▼	
Aggregate Year-to-Date ▼ 1000.00	1000.00
Aggregate Year-to-Date ▼	1000.00
	Detailed Summary Page tements may not be sold or used by any personame and address of any political committee to ame and address of any political committee to any politi

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 130		
ITEMIZED RECEIPTS			or each category of the	(check only one)	- —
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_				13 14	15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	r not be sold or used by any persor fress of any political committee to :	n for the purpose of solicitions from a	ling contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 in one and 1 loophar 7 loops and 1 7 lo				
_	Full Name (Last, First, Middle Initial)				
A.	Ms. Jennifer D. Jackson			Date of Receipt	
	Mailing Address 61 Hickory Lane			11 30	2007
	City	State	Zip Code	Transaction ID: 14	
	Madison	CT	06443-1718	Amount of Each Re	
			00110 1710	Amount of Laciffic	
	FEC ID number of contributing federal political committee.	C			1000.00
	<u> </u>				
	Name of Employer Connecticut Hospital Asso-	Occupation			
	ciation		and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	1000.00		
		0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
В.	Mr. Kevin Nokels			Date of Receipt	
	Mailing Address 11111 South 84th Street	et		M M / D D	/ Y Y Y Y Y
	Cit.	Ctata	7:- 01-	11 30	2007
	City	State Zip Code		Transaction ID: 14	
	Papillion	NE	68046-4122	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Alegent-Health Midlands	Occupation			
	Hospital	-	sident and Chief Operating O	ff	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00		
	Other (specify)	0 0			
	Full Name (Last, First, Middle Initial)				
C.	Mr. Dennis D Keefe			Date of Receipt	
	Mailing Address 1493 Cambridge Street			M M / D D	/
	011	01-1-	7'- 01-	11 29	2007
	Combridge	State MA	Zip Code	Transaction ID: 14	
	Cambridge	IVIA	02139-1099	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Cambridge Health Alliance	Occupation			
			ecutive Officer		
			Year-to-Date ▼		
	Primary General Other (specify)	' '	250.00		
	Other (specify)	0 0			
	UBTOTAL of Receipts This Page (optional)				1500.00
\vdash					
T	OTAL This Period (last page this line number o	only)	>		

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 130 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
Δr	y information copied from such Reports and Sta	atements may	not he sold or used by any ners	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Timothy F. Gens			Date of Receipt
	Mailing Address 5 New England Executiv	ve Park		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14795411
	Burlington	MA	01803-5010	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Massachusetts Hospital As- sociation	Occupation Sr. Vice I	n President, Legal	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Ms. Nancy Palmer			Date of Receipt
	Mailing Address 9 Buttonwood Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14795412
	Danvers	MA	01923-1161	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Beverly Hospital	Occupation Trustee	n	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Paul W. Allison			Date of Receipt
	Mailing Address 36 Mitchell Grant			1 1 2 9 2 0 0 7
	City	State	Zip Code	Transaction ID: 14795413
	Bedford	MA	01730-1264	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Cambridge Health Alliance	Occupation General		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
S	UBTOTAL of Receipts This Page (optional)			1000.00

TOTAL This Period (last page this line number only)

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 61 / 130 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. John B Chessare, , M.D., M.			Date of Receipt
	Mailing Address 736 Cambridge Street			11 29 2007
	City	State	Zip Code	Transaction ID: 14795415
	Boston	MA	02135-2907	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Caritas Christi Health Ca- re	Occupation Interim P	n President and Chief Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	1500.00	
	Other (specify)	0 0	1000.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Thomas Sommers			Date of Receipt
	Mailing Address 2006 Irving Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14795431
	Beatrice	NE	68310-2265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	n	7
	Beatrice Community Hospit- al and Health		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Craig M Ames			Date of Receipt
Ο.	Mailing Address 1600 South 48th Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14795435
	Lincoln	NE	68506-1299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer BryanLGH Medical Center	Occupation Presiden	n t and Chief Operating Office	,
	Receipt For:		e Year-to-Date ▼	1
	Primary General		050.00	1
	Other (specify)		250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00

TOTAL This Period (last page this line number only)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 62 / 130		
			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
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Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso			
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	7 in or oan Troophar 7 lood lation 17 lo					
	Full Name (Last, First, Middle Initial)					
A.	Mr. Daniel W. Griess			Date of Receipt		
	Mailing Address 744 West 16th Street			M M / D D / Y Y Y Y		
				11 29 2007		
	City	State	Zip Code	Transaction ID: 14795448		
	Alliance	NE	69301-2214	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		250.00		
	Name of Employer Box Butte General Hospital	Occupation				
			ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)	1 1	0 0 0 0 0 0 0			
_						
В.	Full Name (Last, First, Middle Initial) Mr. Michael R Gloor, , FACHE			Date of Receipt		
٥.	Mailing Address P O Box 9804			M M / D D / Y Y Y Y		
	Mailing Address P O BOX 9004			11 1 29 2007		
	City	State	Zip Code	Transaction ID: 14795450		
	Grand Island	NE	68802-9804	Amount of Each Receipt this Period		
			00002 000 .			
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Saint Francis Medical Cen-	Occupation	1			
	<u>ter</u>	President	and Chief Executive Officer	•		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)		250.00			
_	Full Name (Last, First, Middle Initial)			Data of Descript		
C.	Ms. Lucinda A Bradley			Date of Receipt		
	Mailing Address P O Box 1167			11 29 2007		
	City	State	Zip Code	Transaction ID: 14797586		
	North Platte	NE	69103-1167			
		INL	09103-1107	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	rederai politicai committee.					
	Name of Employer Great Plains Regional Med-	Occupation	1			
	Great Plains Régional Med- ical Center	Chief Exe	ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	-		1		
	Other (specify) ▼		500.00			
s	UBTOTAL of Receipts This Page (optional)			1000.00		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM (check only one)		
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or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persol dress of any political committee to	n for the purpose o solicit contributions	of soliciting contributions s from such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 interiodit i loopital 7 loodelation 1 7 lo				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Richard A. Hachten, II			Date of Rece	eipt
	Mailing Address 2676 South 96th Circle			M M /	D D / Y Y Y Y Y Y 2007
	City	State	Zip Code		
	Omaha	NE	68124-1949		ID: 14797735
		INL	08124-1949	Amount of E	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Alegent Health	Occupation			
	- <u> </u>		t, Alegent Health System		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
В.				Date of Rece	eipt
	Mailing Address P O Box 1328			M M /	D D / Y Y Y Y
				1 1	29 2007
	City	State	Zip Code	Transaction	ID : 14797755
	McCook	NE	69001-1328	Amount of E	ach Receipt this Period
	FEC ID number of contributing	C	• • • • •		250.00
	federal political committee.				200.00
	Name of Employer	Occupation	า	-	
	Name of Employer Community Hospital		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00		
	Other (specify) ▼		250.00		
C.	Full Name (Last, First, Middle Initial) Mr. Gary A Perkins			Date of Rece	aint
C.	Mailing Address 8200 Dodge Street				D D / Y Y Y Y
	Walling Address 8200 Douge Street			11"	29 2007
	City	State	Zip Code	Transaction	ID: 14797757
	Omaha	NE	68114-4113		ach Receipt this Period
	FEC ID number of contributing				250.00
federal political committee. Name of Employer Children's Hospital		C			250.00
		Occupation	2	-	
			t and Chief Executive Officer		
	Receipt For:		Year-to-Date ▼	1	
	Primary General	00 0			
	Other (specify) ▼	1	250.00		
					750.00
s	UBTOTAL of Receipts This Page (optional)				750.00
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T	OTAL This Period (last page this line number of	only)			

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Roger J Reamer			Date of Receipt
	Mailing Address 300 North Columbia Av	enue		11 29 7 9 2007
	City	State	Zip Code	Transaction ID: 14797759
	Seward	NE	68434-2228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Health Care Syst- ems	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. John Allen			Date of Receipt
	Mailing Address P O Box 1990			M M / D D / Y Y Y Y
				11 29 2007
	City	State	Zip Code	Transaction ID: 14797767
	Kearney	NE	68848-1990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Good Samaritan Health Sys-	Occupation		
	tems		t and Chief Executive Office	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		230.00	
	Full Name (Last, First, Middle Initial)			_
C.	Mr. Glenn A Fosdick, , FACHE			Date of Receipt
	Mailing Address 987400 Nebraska Medic	cal Center		M M / D D / Y Y Y Y
				11 29 2007
	City	State	Zip Code	Transaction ID: 14797783
	Omaha	NE	68198-7400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Nebraska Medical Center	Occupation Presiden	n t and Chief Executive Office	
	Receipt For:		e Year-to-Date ▼	7
	Primary General	33 -3-11		1
	Other (specify) ▼		500.00	
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	UBTOTAL of Receipts This Page (optional)			1000.00
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			Detailed Summary Page	13 14 15 16 17		
۸r	ny information copied from such Reports and St	atomonte may	y not be cold or used by any norse			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Earl N Sheehy			Date of Receipt		
	Mailing Address P O Box 185			11 29 2007		
	City	State	Zip Code	Transaction ID: 14797787		
	Wahoo	NE	68066-0185	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Saunders Medical Center		and Chief Executive Office	r		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]		
— В.	Full Name (Last, First, Middle Initial) Dr. Todd Sorensen, , M.D.			Date of Receipt		
	Mailing Address 4021 Avenue 'B'	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 14797829		
	Scottsbluff	NE	69361-4602	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Regional West Medical Cen- ter	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00]		
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Michal Regunberg			Date of Receipt		
	Mailing Address 449 Franklin Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14797830		
	Cambridge	MA	02139-3168	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Massachusetts Hospital As- sociation Receipt For:		n ce President Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00]		
s	UBTOTAL of Receipts This Page (optional)			750.00		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 66 / 130
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Arnold R. Thomas, Jr.			Date of Receipt
	Mailing Address 700 Mustang Drive			M M / D D / Y Y Y Y
		<u> </u>		11 30 2007
	City	State	Zip Code	Transaction ID: 14798335
	Bismarck	ND	58503-8204	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Caralana	10		_
	Name of Employer North Dakota Healthcare	Occupation President		
	Association		•	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Cirier (specify)		0 0 0 0 0 0 0	
_	Full Name (Last First Middle Initial)			
В.	Full Name (Last, First, Middle Initial) Mr. Douglas G. Vang			Date of Receipt
٥.	Mailing Address 502 Harwoood Drive			M M / D D / Y Y Y Y
	Walling Address 502 Hal Woodd Dilve			11 30 2007
	City	State	Zip Code	Transaction ID: 14798347
	Fargo	ND	58104-6276	Amount of Each Receipt this Period
		IND	30104 0270	Amount of Each neceipt this Feriod
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer	Occupation	1	
	MeritCare Health System	Senior Ex	ecutive of Strategy Develop	om <mark>e</mark>
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General			1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. John E. Callender			Date of Receipt
	Mailing Address 2743 Elginfield Road			M M / D D / Y Y Y Y
	0::			11 29 2007
	City	State	Zip Code	Transaction ID: 14798359
	Upper Arlington	OH	43220-4247	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.	0		
	Name of Employer	Occupation	า	
	Name of Employer Ohio Hospital Association		ce President	
	Receipt For:		Year-to-Date ▼	-
	Primary General	, 1991 Ogulo		1
	Other (specify)		725.00	
			1 1 1 1 1 1 1	4
_	IIPTOTAL of Possinto This Page (anticer-i)			600.00
\vdash	UBTOTAL of Receipts This Page (optional)			
1				

SCHEDULE A (FEC Form 3X)			Llea congreta cohodula(c)	FOR LINE NUMBER:	PAGE 67 / 130
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)	
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b	→ 11c → 12 →
				13 14	15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	n for the purpose of solic solicit contributions from	iting contributions		
<u></u>	NAME OF COMMITTEE (In Full)		areas or any pennous committee to		
$ \rangle$	American Hospital Association PAC				
	American Hospital Association 1 Ao				
	Full Name (Last, First, Middle Initial)				
A.	Mr. Richard F Castrop			Date of Receipt	
	Mailing Address 55 Hospital Drive			M M / D D	
	Cit.	C+-+-	7:- 0-4-	11 30	
	City Athens	State OH	Zip Code	Transaction ID: 1	
		On	45701-2302	Amount of Each R	ecelpt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederal political committee.				
	Name of Employer O'Bleness Memorial Hospit-	Occupation	า		
	<u>al</u>	President			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		350.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
В.	,			Date of Receipt	
	Mailing Address 101 East Wood Street			M M / D D	/ Y Y Y Y
				11 30	2007
	City	State	Zip Code	Transaction ID: 1	4798414
	Spartanburg	SC	29303-3016	Amount of Each R	eceipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				000.00
	Name of Employer Spartanburg Regional Medi-	Occupation	1		
	Spartanburg Régional Medi- cal Center	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		500.00		
C.	Full Name (Last, First, Middle Initial) Mr. Jay Cox			Date of Receipt	
٠.	Mailing Address 129 North Washington	Stroot		M M / D D	/ Y Y Y Y
	125 North Washington	Olloct		11 30	
	City	State	Zip Code	Transaction ID: 1	4798415
	Sumter	SC	29150-4983	Amount of Each R	eceipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				300.00
Name of Employer Tuomey Healthcare System Receipt For:		Occupation	า	-	
			t and Chief Executive Officer		
		Aggregate	e Year-to-Date ▼		
Primary General			500.00		
	Other (specify)		500.00		
_					
					1250.00
S	UBTOTAL of Receipts This Page (optional)		·····		1250.00
T	OTAL This Period (last page this line number of				

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 68 / 130
		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		, ,	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Mr. Thomas C Dandridge			Date of Receipt
Mailing Address 3000 St Matthews Road	d 		11 30 7 2007
City	State	Zip Code	Transaction ID: 14798416
Orangeburg	SC	29118-1442	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Regional Medical Center of Orangeburg	Occupation		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		500.00	1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial) 3. Dr. J. Wallace Davies, MD			Date of Receipt
Mailing Address 800 North Fant Street			11 30 / 907
City	State	Zip Code	Transaction ID: 14798417
Anderson	SC	29621-5793	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer AnMed Health Rehabilitati-	Occupation	n	
on Hospital	Trustee		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) C. Mr. John Heydel			Date of Receipt
Mailing Address 1325 Spring Street			1 1 3 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14798423
Greenwood	SC	29646-3860	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Regional Healthcare	Occupation President	n t and Chief Executive Officer	,
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1 1	1000.00	1
Other (specify) ▼			
SUBTOTAL of Receipts This Page (optional)			2000.00
TOTAL This Period (last page this line number of	only))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 69 / 130
ITEMIZED RECEIPTS		or each category of the		(check only one)	
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of solicitions from	ting contributions		
<u></u>	NAME OF COMMITTEE (In Full)		are or any point our committee to		
$ \rangle$	American Hospital Association PAC				
	American Hospital Association I Ao				
	Full Name (Last, First, Middle Initial)				
A.	Mr. Joe D Howell			Date of Receipt	
	Mailing Address 143 Lemaster Road			M M / D D	
	Cit.	01-1-	7:- Oada	11 30	
	Coffnoy	State SC	Zip Code	Transaction ID: 14	
	Gaffney	30	29341-4903	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederai politicai committee.				
	Name of Employer Upstate Carolina Medical	Occupation	n		
	Center	CEO			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	-			
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 1000 Center Point Roa	d		M M / D D	/ Y Y Y Y
				11 30	2007
	City	State	Zip Code	Transaction ID: 14	798426
	Columbia	SC 29210-5802		Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			201.95
	federal political committee.				
	Name of Employer South Carolina Hospital	Occupation	n		
	South Carolina Hospital Association	President	t & CEO		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		375.05	1	
	Other (specify)	0 0	373.03		
	Full Name (Last First Affects Later)				
C.	Full Name (Last, First, Middle Initial) Mr William T Manson			Date of Receipt	
-	Mailing Address 800 North Fant Street			M M / D D	/ Y
				11 30	2007
	City	State	Zip Code	Transaction ID: 14	798428
	Anderson	SC	29621-5793	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				200.00
Name of Employer		Occupation	n	-	
	AnMed Health Medical Cent- er		e Vice President		
Receipt For:		Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
Other (specify) ▼			250.00		
_					
					701.95
S	UBTOTAL of Receipts This Page (optional)		<u> </u>		701.93
				, , , , , , , , , , , , , , , , , , ,	
T	OTAL This Period (last page this line number of				

SCHEDULE A (FEC Form 3X)

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 70 / 130
		Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	itements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Doug White			Date of Receipt
	Mailing Address 809 82nd Parkway			11 30 7 9 9 9
	City	State	Zip Code	Transaction ID: 14798538
	Myrtle Beach	SC	29572-4611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		502.50
	Name of Employer Grand Strand Regional Med-	Occupation	n ecutive Officer	
	ical Center Receipt For:		Year-to-Date ▼	-
	Primary General	riggrogate	real to Bate V	1
	Other (specify) ▼	0 0	502.50	
3.	Full Name (Last, First, Middle Initial) Mr. Charles C. Thornton, Jr., CPA			Date of Receipt
	Mailing Address Post Office Box 1486			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14799231
	Anderson	SC	29622-1486	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer AnMed Health Medical Cent-	Occupation Trustee	n	
	er Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Paul Rutledge, FACHE			Date of Receipt
	Mailing Address 110 Winners Circle First Floor			111 / 29 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14800432
	Brentwood	TN	37027-5070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer HCA	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			1752.50
_	OTAL The December 1	-1.)		
- 10	OTAL This Period (last page this line number or	nıy)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)		PAGE 71 / 130
IT	EMIZED RECEIPTS		or each category of the	(check only one)	. 🗖
••			Detailed Summary Page	X 11a 11b 11	
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting	contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such	ı committee.
$ \setminus $	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
^	Full Name (Last, First, Middle Initial)			Date of Receipt	
Α.	Mr. Rogers Anderson Mailing Address 2021 Carothers Road			M M / D D /	YYYY
	2021 Salotticis Hoad			11 30	2007
	City	State	Zip Code	Transaction ID: 14800)434
	Franklin	TN	37067-5822	Amount of Each Receip	t this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Williamson Medical Center	Occupation Trustee	n	1	
	Receipt For:		e Year-to-Date ▼		
	Primary General		250.00		
	U Other (specify) ▼		230.00		
В.	Full Name (Last, First, Middle Initial) Ms Terry Murphy			Date of Receipt	
	Mailing Address 640 South State Street			11 29	2007
	City	State Zip Code			2414
	Dover	DE	19901-3597	Amount of Each Receip	t this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer Bayhealth Medical Center	Occupation Executive	n e Vice President and Chief O	pe	
	Receipt For:		e Year-to-Date ▼	7	
	Primary General		250.00		
	U Other (specify) ▼		230.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mrs. Bonnie Perratto			Date of Receipt	
٠.	Mailing Address 6 Derbyshire Ct.			M M / D D /	YYYY
				11 29	2007
	City	State	Zip Code	Transaction ID: 14802	
	Dover	DE	19904-5746	Amount of Each Receip	t this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Bayhealth Medical Center	Occupation Sr.VP/Ch	n nief Nurse Executive		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	320.00		
_	Other (specify)				
s	SUBTOTAL of Receipts This Page (optional)				750.00
T	OTAL This Period (last page this line number of	nly)	>		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 72 / 130	
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a	
			Detailed Summary Page		17
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any person	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	aress of any political committee to	solicit contributions from such committee.	
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
	American Hospital Association 1 Ao				
_	Full Name (Last, First, Middle Initial)			Data of Bassist	
Α.	Ms. Deborah L. Watson Mailing Address 77 Brynberry Court			Date of Receipt	
	Maining Address 77 Bryfiberry Court			11 29 2007	
	City	State	Zip Code	Transaction ID: 14802417	
	Magnolia	DE	19962-1596	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Bayhealth Medical Center	Occupation Vice Pres			
	Receipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General Other (specify) ▼	' '	250.00		
	Other (specify)	0 0			
В.	Full Name (Last, First, Middle Initial) Mr. Terry W Andrus			Date of Receipt	
	Mailing Address 414 N. 10th Street			11 27 2007	
	City	State	Zip Code	Transaction ID: 14807815	
	<u>Opelika</u>	AL	36801-5452	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer East Alabama Medical Cent-	Occupation			
	er Receipt For:	Presiden	t e Year-to-Date ▼	_	
	Primary General	Aggregate		1	
	Other (specify) ▼	0 0	1000.00		
_	Full Name (Last, First, Middle Initial) Mr. Gregory Nichols			Date of Receipt	
U.	Mailing Address 22136 Veterans Memor	ial Pkwy		M M / D D / Y Y Y Y	
				11 27 2007	
	City	State	Zip Code	Transaction ID: 14807816	
	Lafayette	AL	36862-3022	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer East Alabama Medical Cent-	Occupation	n : Vice President, Operations		
	er Receipt For:	-	Year-to-Date ∇	-	
	Primary General	33 - 3		1	
	Other (specify) ▼	0 0	1000.00		
	UDTOTAL ACRONING THE ROLL OF THE PERSON OF T			2250.00	_ 1
	UBTOTAL of Receipts This Page (optional)				7
Т	OTAL This Period (last page this line number o	nly))		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 73 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Wayne H. Poe			Date of Receipt
	Mailing Address 4293 Al Hwy. 169			11 27 2007
	City	State	Zip Code	Transaction ID: 14807817
	Opelika FEC ID number of contributing federal political committee.	C	36804	Amount of Each Receipt this Period 1000.00
	Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify) ▼		n sident & Administration Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Mr. Christopher Clark Mailing Address 13045 Sawyer Drive City	State	Zip Code	Date of Receipt M
	Opelika FEC ID number of contributing federal political committee.	AL C	36801	Amount of Each Receipt this Period
	Name of Employer East Alabama Medical Center Receipt For: Primary General Other (specify) ▼		Vice President Year-to-Date ▼ 1000.00	
- C.	Full Name (Last, First, Middle Initial) Mr. Michael Lisenby			Date of Receipt
	Mailing Address 807 Laurel Street			1 1 2 7 2 0 0 7
	City Opelika	State AL	Zip Code 36801-3519	Transaction ID: 14807819 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent- er		dical Officer	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			3000.00
			<u> </u>	

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 74 / 130	
	•		Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			zotanou cummary r age	13 14 15 16 17	
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr John T Chittom			Date of Receipt	
	Mailing Address 229 Lee Road			1 1 2 7 2 0 0 7	
	City	State	Zip Code	Transaction ID: 14808245	
	Auburn	AL	36802-3201	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer East Alabama Medical Cent- er	Occupation Assistant	n Vice President Information (5	
	Receipt For:	1	Year-to-Date ▼		
	Primary General	00 0			
	Other (specify) ▼	1	1000.00		
В.	Full Name (Last, First, Middle Initial) Mr. Ken Lott			Date of Receipt	
	Mailing Address 1567 Oak Hill Circle			1 1 2 7 2 0 0 7	
	City	State	Zip Code	Transaction ID: 14808246	
	Auburn	AL	36832-6798	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer East Alabama Medical Cent-	Occupation Vice Pres	sident, Operations		
	er Receipt For:		Year-to-Date V		
	Primary General	Aggregate	Teal-to-Date •		
	Other (specify) ▼		1000.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Sam Price			Date of Receipt	
٠.	Mailing Address 2000 Pepperell Parkway			M M / D D / Y Y Y Y	
	2000 i opporon i antiva	•		11 27 2007	
	City	State	Zip Code	Transaction ID: 14808247	
	Opelika	AL	36802-3201	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer East Alabama Medical Cent-	Occupation Vice Pres	n sident, Finance		
	er Receipt For:		Year-to-Date ▼	1	
	Primary General	33. 233.0			
	Other (specify)		1000.00		
		1 0		'	
	UBTOTAL of Receipts This Page (optional)			3000.00	
\vdash	ago (optional)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 130
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) A. Ms. Laura Grill			Date of Receipt
	Mailing Address 2000 Pepperell Parkway	1		1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14808248
	Opelika	AL	36801-5422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent-	Occupation	า	7
	East Alabama Medical Cent- er	Vice Pres	sident, Patient Services	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Carey M. Owen			Date of Receipt
	Mailing Address 2520 Springwood Drive			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14808249
	Auburn	AL	36830-7236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer East Alabama Medical Cent-	Occupation Vice Pres		
	er Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	33 13	1000.00	
	Full Name (Last, First, Middle Initial) Mr. W. Russell Tyner			Date of Receipt
٠.	Mailing Address 2844 Vestavia Forest Di	rive		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14808250
	Vestavia Hills	AL	35216-2540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	500.00
	Name of Employer Medical West	Occupation President	n t and CEO	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 3		
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00
\vdash				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 76 / 130	
ITEMIZED RECEIPTS		or each category of the		(check only one)	
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
_	., ., ., ., ., ., ., ., ., ., ., ., ., .			13 14 15 16 17	
or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	rnot be sold or used by any persol lress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
A.				Date of Receipt	
	Mailing Address 109 Ocala Drive			11 27 2007	
	City	State	Zip Code	Transaction ID: 14808251	
	Montgomery	AL	36117-6964	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Alabama Hospital Associat- ion	Occupation Sr. Vice F	n President & General Counse		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00	7	
	Other (specify) ▼	0 0	300.00		
В.	Full Name (Last, First, Middle Initial) Ms. Rosemary Blackmon			Date of Receipt	
Mailing Address 547 Le Grand Place City				11 27 2007	
		State	Zip Code	Transaction ID: 14808252	
	Montgomery	AL 36106-1825		Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Alabama Hospital Associat- ion	Occupation Vice Pres	n ident of Public Relations		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00	1	
			0 0 0 0 0 0 0 0		
C.	Full Name (Last, First, Middle Initial) Ms. Jane Knight			Date of Receipt	
	Mailing Address 1612 Salisbury Place			11 27 2007	
	City	State	Zip Code	Transaction ID: 14808253	
	Montgomery	AL	36117-2562	Amount of Each Receipt this Period	
	Montgomery FEC ID number of contributing federal political committee.	C	36117-2562	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing	C			
	FEC ID number of contributing federal political committee. Name of Employer Alabama Hospital Association Receipt For:	Occupation Vice Pres			
	FEC ID number of contributing federal political committee. Name of Employer Alabama Hospital Association Receipt For: Primary General	Occupation Vice Pres	nident, Member Relations Year-to-Date ▼		
	FEC ID number of contributing federal political committee. Name of Employer Alabama Hospital Association Receipt For:	Occupation Vice Pres	n ident, Member Relations		
s	FEC ID number of contributing federal political committee. Name of Employer Alabama Hospital Association Receipt For: Primary General	Occupation Vice Pres Aggregate	nident, Member Relations Year-to-Date ▼ 250.00		

S	CHEDULE A (FEC Form 3X)	rm 3X)		FOR LINE NUMBER: PAGE 77 / 130	
			Use separate schedule(s) or each category of the	(check only one)	
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12	
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An	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. R. Thomas Cooper, III			Date of Receipt	
	Mailing Address 404 Paddock Lane			1 1 2 7 2 0 0 7	
	City	State	Zip Code	Transaction ID: 14808254	
	Montgomery	AL	36109-4625	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Alabama Hospital Associat-	Occupation Chief Fina	n ancial Officer		
	ion Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		250.00		
В.	Full Name (Last, First, Middle Initial) Ms. Mindy Burdick			Date of Receipt	
	Mailing Address 701 Keeneland Way			1 1 2 7 2 0 0 7	
	City	State	Zip Code	Transaction ID: 14808255	
	Montgomery	AL	36109-4664	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Baptist Medical Center Ea-	Occupation Administr		7	
	st Receipt For:		Year-to-Date ▼		
	Primary General	33 -3		1	
	Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Janice Baker			Date of Receipt	
	Mailing Address 1798 Ogletree Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14808260	
	Auburn	AL	36830-7258	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		1000.00	
	Name of Employer East Alabama Medical Cent-	Occupation Vice Pres			
	er Receipt For:		Year-to-Date V		
	Primary General	Aggregale	Toul to Date ¥	1	
	Other (specify)		1000.00		
		0 0		4	
١	UBTOTAL of Receipts This Page (optional)			1500.00	
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S	CHEDULE A (FEC Form 3X)		Lles concrete cobodulo(s)	FOR LINE NUMBER: PAGE 78 / 130
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Glenn A. Reed, Esq.			Date of Receipt
	Mailing Address 191 Peachtree Street			111 26 7 2007
	City	State	Zip Code	Transaction ID: 14812162
	Atlanta	GA	30309-3905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer King & Spalding	Occupation Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Ms. Donna P. Bergeson			Date of Receipt
	Mailing Address 1938 Grist Stone Court	111 26 7 2007		
	City	State	Zip Code	Transaction ID: 14812163
	Atlanta	GA	30307-1186	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Alston & Bird, LLP	Occupation Trustee	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		E00.00	1
	Other (specify)	0 0	500.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Edwin E Dahlberg			Date of Receipt
	Mailing Address 2342 S. Swallowtail Lan	e		11 30 7 2007
	City	State	Zip Code	Transaction ID: 14812679
	Boise	ID	83706-6127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer St. Luke's Health System	Occupation Presiden	n t and Chief Executive Office	
	Receipt For:	1	e Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify) ▼		500.00	
S	UBTOTAL of Receipts This Page (optional)			1500.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 79 / 130	
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —
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An	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of solicit solicit	ing contributions such committee.
	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
$ \rangle$	American Hospital Association PAC				
	7 in critair i respitair resociation i 7 to				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Joseph Messmer			Date of Receipt	
	Mailing Address 1512 12th Avenue Road	d		11 30	2007
	City	State	Zip Code	Transaction ID: 14	
	Nampa	ID	83686-6008	Amount of Each Red	
	-		00000 0000	Amount of Laciffied	· · · · · ·
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Mercy Medical Center	Occupation			
	·		t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
		0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
В.	Ms. Sandra B Bruce			Date of Receipt	
	Mailing Address 1055 North Curtis Road	t		M M / D D	/ Y Y Y Y Y
	014	01-1-	7'- 0-4-	11 30	2007
City		State Zip Code		Transaction ID: 14	
	Boise	ID 83706-1352		Amount of Each Red	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	rederal political committee.				
	Name of Employer Saint Alphonsus Regional	Occupation			
	Medical Cente	1	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)				
	Full Name (Last, First, Middle Initial)				
C.	Mr. Jeffrey W Martin			Date of Receipt	
	Mailing Address 700 South Main Street			M M / D D	
				11 30	2007
	City	State	Zip Code	Transaction ID: 14	
	Moscow	<u>ID</u>	83843-3056	Amount of Each Red	ceipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				
	Name of Employer	Occupation		7	
Receipt For: Aggrega			ecutive Officer		
		Aggregate	e Year-to-Date ▼		
	Primary General	' '	500.00		
	Other (specify)				
9	JBTOTAL of Receipts This Page (optional)		k		1500.00
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T	OTAL This Period (last page this line number of	only))		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 80 / 130	
· ·		Use separate schedule(s) or each category of the		(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Joseph E Morris			Date of Receipt	
	Mailing Address 2003 Lincoln Way			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14812683	
	Coeur D Alene	ID	83814-2611	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		500.00	
	Name of Employer Kootenai Medical Center	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date V		
	Primary General		500,00	1	
	Other (specify)		500.00		
В.	Full Name (Last, First, Middle Initial) Ms. Victoria A Alexander			Date of Receipt	
	Mailing Address P O Box 700			M M / D D / Y Y Y Y	
				11 30 2007	
	City	State	Zip Code	Transaction ID: 14812684	
	Salmon	ID	83467-0700	Amount of Each Receipt this Period	
	FEC ID number of contributing			500.00	
	federal political committee.	C		500.00	
	Name of Employer	Occupation	 1		
	Steele Memorial Medical Center		ecutive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		500.00		
_	Full Name (Last, First, Middle Initial)			•	
C.	Mr. Steven A. Millard			Date of Receipt	
	Mailing Address 615 N. 7th Street			11 30 4 2007	
	City	State	Zip Code	Transaction ID: 14812685	
	Eagle	ID	83702-5502	Amount of Each Receipt this Period	
	FEC ID number of contributing			500.00	
	federal political committee.	C		300.00	
	Name of Employer Idaho Hospital Association	Occupation President			
	Receipt For:		Year-to-Date V		
	Primary General	33 - 3 // 3		1	
	Other (specify) ▼		500.00		
s	UBTOTAL of Receipts This Page (optional)			1500.00	
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	(abaak ank ana)
ITEMIZED RECEIPTS		or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Patrick M Hermanson, , FACHE			Date of Receipt
Mailing Address 651 Memorial Drive			111 30 7 2007
City	State	Zip Code	Transaction ID: 14812686
Pocatello	ID	83201-4071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Portneuf Medical Center	Occupation President	n t and Chief Executive Office	,
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1	250.00	1
Other (specify) ▼	0 0		
Full Name (Last, First, Middle Initial) Ms. Geri Garten			Date of Receipt
Mailing Address HCR 85 Box 289			111 30 7 2007
City	State	Zip Code	Transaction ID: 14812687
Bonners Ferry	ID	83805-9612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Boundary Community Hospit- al	Occupation Director	n of Nursing	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
☐ Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Ms. Sheryl Rickard			Date of Receipt
Mailing Address Box 1448			11 30 7 2007
City	State	Zip Code	Transaction ID: 14812688
Sandpoint	ID	83864-0877	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Bonner General Hospital	Occupation Chief Exe	n ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		250.00	1
Other (specify) ▼	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number o	ınlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 130
TEMIZED RECEIPTS		or each category of the	(check only one)
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Any information copied from such Reports and S	tatements may	not be sold or used by any persor	for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			_
Full Name (Last, First, Middle Initial) 1. Mr. Craig A Johnson			Date of Receipt
Mailing Address 6640 Kaniksu Street			M M / D D / Y Y Y Y
0.11	01-1-	7'- 0 - 1-	11 30 2007
City Pappara Farry	State ID	Zip Code	Transaction ID: 14812689
Bonners Ferry	וט	83805-7532	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Boundary Community Hospit-	Occupation		7
al		ecutive Officer and Chief Fina e Year-to-Date V	<u>'</u>
Primary General	Aggregate	r rear-to-Date ▼	
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) 3. Ms. Gary L. Fletcher			Date of Receipt
Mailing Address 1249 Harcourt Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14812690
Boise	ID	83702-1839	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		250.00
Name of Employer St. Luke's Regional Medic-	Occupation	 n	1
St. Luke's Regiónal Medic- al Center		ecutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	' '	250.00	
Other (specify) ▼		0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) C. Mr Tom Legel	•		Date of Receipt
Mailing Address 2003 Lincoln Way			M M / D D / Y Y Y Y
			11 30 2007
City	State ID	Zip Code	Transaction ID: 14812691
Coeur D' Alene	וט	83814-2677	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kootenai Medical Center	Occupation	n	†
		sident and Chief Financial Off	:
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Carior (openity) 🔻	0 0		
CURTOTAL of Province This Province 1	•		750.00
SUBTOTAL of Receipts This Page (optional)		<u> </u>	
TOTAL This Period (last page this line number	only)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 83 / 130 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Susan Kunz			Date of Receipt
	Mailing Address 120 East Howard Street			11 30 2007
	City	State	Zip Code	Transaction ID: 14812704
	Driggs FEC ID number of contributing federal political committee.	C	83422-5112	Amount of Each Receipt this Period 250.00
	Name of Employer Teton Valley Hospital and Surgicenter Receipt For: Primary General Other (specify) ▼		ecutive Officer Year-to-Date 250.00	
3.	Full Name (Last, First, Middle Initial) Mr Kenneth L Harman Mailing Address 528 Teton Drive City	State	Zip Code	Date of Receipt 1 1 3 0 7 2 0 0 7
	Burley FEC ID number of contributing federal political committee.	ID C	83318-2850	Transaction ID: 14812705 Amount of Each Receipt this Period 250.00
	Name of Employer Cassia Regional Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Director Aggregate	Year-to-Date ▼ 250.00	
Э.	Full Name (Last, First, Middle Initial) Dr Terry Sinclair, , M.D. Mailing Address P O Box 3340			Date of Receipt
		Otata	Zip Code	11 14 2007
	City Winchester	State VA	22604-1334	Transaction ID: 14822217 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Winchester Medical Center		ce President Medical Staff A	f
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional))	750.00

COLLEDING A (FEO Forms OV)				FOR LINE NUMBER: PAGE 84 / 130
3	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
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			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	rnot be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. W Scott Burnett			Date of Receipt
	Mailing Address 512 Binford Street			1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14822252
	South Hill	VA	23970-1510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Community Memorial Health- center Receipt For: Primary General Other (specify) ▼		ecutive Officer President Year-to-Date 250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. William W. Semones			Date of Receipt
	Mailing Address 2109 Link Road			M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14822261
	Lynchburg	VA	24503-3031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Centra Health	Occupation Vice Pres		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Edward G Murphy, , M.D.			Date of Receipt
	Mailing Address P O Box 13367			M M / D D / Y Y Y Y Y Y 1 1 1 1 1 4 2 0 0 7
	City	State	Zip Code	Transaction ID: 14822818
	Roanoke	VA	24033-3367	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Carilion Health System	Occupation President	n t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional))	750.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 130
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and St	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.				Date of Receipt
	Mailing Address 506 A East Howell Aver			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1034595119794
	Alexandria	VA	22301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate	n e Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	480.00	P/R Deduction (\$20.00 Bi- Weekly)
	cuie (epociny) •	0 0		
В.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State Zip Code		Transaction ID: PR1045726219794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt Receipt For:		ef Washington Counsel e Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-date V	B/B Doduction (\$50.00 Bi
	Other (specify) ▼		900.00	P/R Deduction (\$50.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1113464219794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
Name of Employer American Hospital Associa- Scotion		Occupation	n	
	American Hospital Associa- tion-Washingt	Section D	Director	
Receipt For: Aggrega		Aggregate	e Year-to-Date ▼	
	Primary General	-	237.50	P/R Deduction (\$12.50 Bi-
	Other (specify)		10,100	Weekly)
s	UBTOTAL of Receipts This Page (optional)			165.00
\vdash			<u> </u>	
ΙT	OTAL This Period (last page this line number of	only)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 86 / 130
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1125613619794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		40.00
	Name of Employer American Hospital Associa-	Occupation	n ssociate Director	
	tion-Washingt Receipt For:		e Year-to-Date ▼	-
	Primary General	riggrogate	Tear to Bate V	D/D Doduction (\$20.00 Bi
	Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
 3.	Full Name (Last, First, Middle Initial) Mr. Davon Gray			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1143013019794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	•		20004 2010	Amount of Each neceipt this Feriod
	FEC ID number of contributing federal political committee.	C		21.74
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	Legislativ	ve Assistant	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		229 27	P/R Deduction (\$10.87 Bi-
	Other (specify)		228.27	Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Michelle Marie Mathy			Date of Receipt
	Mailing Address 1660 Lanier Place NW Apt. 309			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1300853719794
	Washington	DC	20009-2947	
	•	БО	20009-2947	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.84
	Name of Employer	Occupation	n	7
	American Hospital Associa- tion-Washingt	Project M	Manager/PAC Coordinator	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		000.04	P/R Deduction (\$10.42 Bi-
	Other (specify)		229.24	Weekly)
s	UBTOTAL of Receipts This Page (optional)			82.58
			<u> </u>	
T	OTAL This Period (last page this line number or	nly)		

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 87 / 130
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or t	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_	<u> </u>			
	Full Name (Last, First, Middle Initial)			
	Ms. Emily Claire Francis			Date of Receipt
	Mailing Address 1200 North Veitch Stree	t		M M / D D / Y Y Y Y
	Apt. 1023	C1-1-	7:- Onda	
	City	State	Zip Code	Transaction ID: PR1315883919794
	Arlington	VA	22201-5818	Amount of Each Receipt this Period
	FEC ID number of contributing	С		19.24
	federal political committee.			
	Name of Employer	Occupation	n	┪
	Name of Employer American Hospital Associa-	Project M		
	tion-Washingt Receipt For:	<u> </u>	e Year-to-Date ▼	-
	Primary General	199.79		B/B Doduction (\$0.62 Bi W
	Other (specify)		230.88	P/R Deduction (\$9.62 Bi-W- eekly)
	Full Name (Last, First, Middle Initial)			
	Mr. Alex White, Jr.			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1339349919794
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing			120.00
	federal political committee.	C		120.00
	N (5)	10 "		_
	Name of Employer American Hospital Associa-	Occupation		
	tion		Executive	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	1380.00	P/R Deduction (\$60.00 Bi- Weekly)
	Other (specify)			/ Weekly)
	Full Name (Last, First, Middle Initial)			
	Ms. Frances Margolin			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	o ono Horar Hamani			
	City	State	Zip Code	Transaction ID: PR1347702719794
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	·			
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago '		sident, Operatinos HRET	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		450.00	P/R Deduction (\$25.00 Bi-
	Other (specify)		100.00	Weekly)
Ç!	IRTOTAL of Receipts This Page (entianel)			189.24
30	JBTOTAL of Receipts This Page (optional)		·······	
T	OTAL This Period (last page this line number or	nly))	
	, 1 5	- /	· ·	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 130						
TEMIZED RECEIPTS		or each category of the	(check only one)						
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and Sta	atements may	not be sold or used by any person	for the purpose of soliciting contributions						
	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)									
American Hospital Association PAC									
Full Name (Last, First, Middle Initial) A. Mr. James Wadzinski			Date of Receipt						
Mailing Address One North Franklin			M M / D D / Y Y Y Y						
City	State	Zip Code	Transaction ID: PR1347703419794						
Chicago	IL	60606-3436	Amount of Each Receipt this Period						
FEC ID number of contributing			26.32						
federal political committee.	C		20.32						
Name of Employer American Hospital Associa-	Occupation								
tion-Chicago Receipt For:		rations and Account Services e Year-to-Date The rations and Account Services	-						
Primary General	Aggrogate	Teal to Date V	P/R Deduction (\$13.16 Bi-						
Other (specify) ▼	0 0	223.72	Weekly)						
Full Name (Last, First, Middle Initial) 3. Mr. Jack A. Mackay			Date of Receipt						
Mailing Address One North Franklin			M M / D D / Y Y Y Y						
City	State	Zip Code	Transaction ID: PR1347703619794						
Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer American Hospital Associa-	Occupation		1						
tion-Chicago Receipt For:		sident & CIO e Year-to-Date ▼	_						
Primary General	Aggregate	e Year-to-Date ▼	P/P Doduction (\$25.00 Pi						
Other (specify) ▼	0 0	450.00	P/R Deduction (\$25.00 Bi- Weekly)						
Full Name (Last, First, Middle Initial) C. Ms. Susan Gergely			Date of Receipt						
Mailing Address One North Franklin			M M / D D / Y Y Y Y						
City	State	Zip Code	Transaction ID: PR1347791019794						
Chicago	IL	60606-3436	Amount of Each Receipt this Period						
FEC ID number of contributing	С		26.32						
federal political committee.									
Name of Employer American Hospital Associa-	Occupation								
tion-Chicago Receipt For:	-	of Operations, AONE e Year-to-Date ▼	-						
Primary General	Aggrogate		P/R Deduction (\$13.16 Bi-						
Other (specify) ▼	0 0	223.72	Weekly)						
SUBTOTAL of Receipts This Page (optional)			102.64						
·		<u> </u>							
TOTAL This Period (last page this line number of	only)	>							

S	CHEDULE A (FEC Form 3X)		Harana and a day day	FOR LINE NUMBER: PAGE 89 / 130
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	r not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327629119794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		90.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident Federal Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		990.00	P/R Deduction (\$10.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
	Mailing Address 107 East Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327727319794
	Lake Barrington	<u> </u>	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa-	Occupation	า	
	tion-Chicago		sident, PMGs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		900.00	P/R Deduction (\$50.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327745919794
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer American Hospital Associa- tion-Washingt		Grassroots Advocacy	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Deduction (050 00 D)
	Other (specify) ▼		900.00	P/R Deduction (\$50.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		1	290.00
ř				
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 90 / 130
ITEMIZED RECEIPTS		or each category of the		(check only one)
•••	LIMIZED RECEII 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	winformation conicd from such Departs and Ci			13 14 15 16 17
or	y information copied from such Reports and Si for commercial purposes, other than using the	name and add	rnot be sold or used by any personners of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Michael P. McCue			Date of Receipt
	Mailing Address 122 N. Greenwood Ave) .		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327771619794
	Park Ridge	<u> </u>	60068-3227	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		26.32
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Senior St	aff Specialist	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	223.72	P/R Deduction (\$13.16 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt
	Mailing Address One North Franklin	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327777219794
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	== 0.15			
	FEC ID number of contributing federal political committee.	C		25.00
	federal political committee. Name of Employer American Hospital Associa-	Occupation		25.00
	federal political committee.	Occupation Director,	n Long-Term Care Year-to-Date ▼	25.00
	Name of Employer American Hospital Association-Chicago	Occupation Director,	Long-Term Care	P/R Deduction (\$12.50 Bi-Weekly)
	Name of Employer American Hospital Association-Chicago Receipt For: Primary General	Occupation Director,	Long-Term Care Year-to-Date ▼	P/R Deduction (\$12.50 Bi-
	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Director,	Long-Term Care Year-to-Date ▼	P/R Deduction (\$12.50 Bi-Weekly)
C.	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Debra J. Stock	Occupation Director,	Long-Term Care Year-to-Date ▼	P/R Deduction (\$12.50 Bi-Weekly) Date of Receipt
C.	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Debra J. Stock Mailing Address One North Franklin	Occupation Director, Aggregate	Long-Term Care Year-to-Date ▼ 225.00	P/R Deduction (\$12.50 Bi-Weekly) Date of Receipt
C.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock Mailing Address One North Franklin City	Occupation Director, Aggregate	Long-Term Care Year-to-Date ▼ 225.00 Zip Code	P/R Deduction (\$12.50 Bi-Weekly) Date of Receipt Transaction ID: PR327777819794
C .	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock Mailing Address One North Franklin City Chicago FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	Occupation Director, Aggregate State IL C Occupation Vice Pres	Long-Term Care Year-to-Date ▼ 225.00 Zip Code 60606-3436	P/R Deduction (\$12.50 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR327777819794 Amount of Each Receipt this Period
C.	federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Debra J. Stock Mailing Address One North Franklin City Chicago FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For:	Occupation Director, Aggregate State IL C Occupation Vice Pres	Long-Term Care Year-to-Date ▼ 225.00 Zip Code 60606-3436	P/R Deduction (\$12.50 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR327777819794 Amount of Each Receipt this Period
C .	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock Mailing Address One North Franklin City Chicago FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago	Occupation Director, Aggregate State IL C Occupation Vice Pres	Long-Term Care Year-to-Date ▼ 225.00 Zip Code 60606-3436	P/R Deduction (\$12.50 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR327777819794 Amount of Each Receipt this Period
	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock Mailing Address One North Franklin City Chicago FEC ID number of contributing federal political committee. Name of Employer American Hospital Association-Chicago Receipt For: Primary General General General General General General	State IL Occupation Vice Pres Aggregate	Long-Term Care Year-to-Date ▼ 225.00 Zip Code 60606-3436 Sident, Member Relations Year-to-Date ▼ 240.00	P/R Deduction (\$12.50 Bi-Weekly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR327777819794 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 91 / 130
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persor dress of any political committee to s	of the purpose of soliciting contributions colicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327801719794
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer American Hospital Associa-	Occupation	n e Vice President	
	tion-Washingt Receipt For:		Year-to-Date ▼	1
	Primary General	199.19		P/R Deduction (\$25.00 Bi-
	Other (specify) ▼		450.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
	City	Transaction ID: PR327812019794		
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Organization of	Occupation	1	7
	Nurse Executi	Executive		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1135.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan			Date of Receipt
	Mailing Address One North Franklin Street	et		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327846219794
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		19.24
	Name of Employer American Hospital Associa-	Occupation		1
	tion-Chicago '		sident, Meetings & Travel Ser	V
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		230.88	P/R Deduction (\$9.62 Bi-W-eekly)
SI	UBTOTAL of Receipts This Page (optional)		>	149.24
_	ago (optional)			
T	OTAL This Period (last page this line number or	ıly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 / 130
ITEMIZED RECEIPTS			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δn	y information copied from such Reports and St	atements may	y not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NV Apt. 1008			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851919794
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Policy Development	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		450.00	P/R Deduction (\$25.00 Bi-
	Other (specify)	0 0	430.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858019794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt	_	e Director, AHAPAC	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$40.00 Bi- Weekly)
— С.	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877819794
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing			86.98
	federal political committee.	C		00.90
American Hospital Associa-		Occupation		
	tion-Chicago Receipt For:		Executive e Year-to-Date T	_
	Primary General	Aggregate	r rear-to-date V	D/D Doduction (\$42.40 Bi
	Other (specify) ▼		913.29	P/R Deduction (\$43.49 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			216.98
\vdash				
T	OTAL This Period (last page this line number of	only)		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 93 / 130
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. George F. Bergstrom			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	0"		7' 0 1	
	City	State	Zip Code	Transaction ID: PR327895719794
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	American Hospital Associa- tion-Chicago	Vice Pres	sident	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		450.00	P/R Deduction (\$25.00 Bi-
	Other (specify) ▼		430.00	Weekly)
2	Full Name (Last, First, Middle Initial) Mr. James Henderson			Date of Receipt
٠.	Mailing Address One North Franklin Stre	et .		M M / D D / Y Y Y Y
	One North Frankin Stre	G.		
	City	State	Zip Code	Transaction ID: PR328094119794
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing			25.00
	federal political committee.	C		25.00
	Name of Employer	Occupation	n	-
	Name of Employer American Hospital Associa-		orate Counsel	
	tion-Chicago Receipt For:		e Year-to-Date ▼	
	Primary General			P/R Deduction (\$12.50 Bi-
	Other (specify)		225.00	Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock			Date of Receipt
J .	Mailing Address 325 Seventh Street, NW	<u> </u>		M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR328132819794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing	С		90.00
	federal political committee.			30.00
	Name of Employer	Occupation	 n	┪
	Name of Employer American Hospital Associa- tion-Washingt	Presiden		
	Receipt For:		e Year-to-Date ▼	7
	Primary General	111	222.22	P/R Deduction (\$45.00 Bi-
	Other (specify)		990.00	Weekly)
				165.00
S	UBTOTAL of Receipts This Page (optional)	······	······	103.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 94 / 130
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	- Standard Colonia			13 14 15 16 17
or	ny information copied from such Reports and Statement for commercial purposes, other than using the name an	is may nd add	not be sold or used by any persol dress of any political committee to	of the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		•	
$ \rangle$	American Hospital Association PAC			
	7 in one and the optical 7 loop of attent 17 lo			
_	Full Name (Last, First, Middle Initial)			
Α.	Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City Sta	*to	Zip Code	Transaction ID: PR328136919794
	La Grange IL	ue	60525-6406	
		_	00323-0400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer	upatio	<u> </u>	-
	American Höspital Associa-	•	resident, Member Relations	
	tion onloago		Year-to-Date ▼	
	Primary General			P/R Deduction (\$50.00 Bi-
	Other (specify) ▼	0	900.00	Weekly)
_	Full Name (Last, First, Middle Initial)			
В.	,			Date of Receipt
	Mailing Address 5545 N. Wayne			M " M / D " D / Y " Y " Y " Y
	City Sta	nto.	Zip Code	Transaction ID: PR328223819794
	Chicago IL	ue	60640-1318	
		_	60040-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			50.00
	American Hospital Associa-	upatio		
	tion-Chicago VICE		sident	_
	Receipt For: Aggr	regate	Year-to-Date ▼	D/D D - 1 - 1' /Φ05 00 D'
	Other (specify)		450.00	P/R Deduction (\$25.00 Bi- Weekly)
		0		,
_	Full Name (Last, First, Middle Initial)			Data of Danaira
U.	Dr. James D. Bentley, Ph.D. Mailing Address 13106 Vingle Lane			Date of Receipt
	Mailing Address 13106 Villgle Latte			M M / D D / Y Y Y
	City Sta	ate	Zip Code	Transaction ID: PR328224919794
	Silver Spring MD)	20906	Amount of Each Receipt this Period
	FEC ID number of contributing	-		100.00
	federal political committee.			100.00
	Name of Employer American Hospital Associa-	upatio	1	1
	American Hospital Association-Washingt	√ice l	President	
		regate	Year-to-Date ▼	
	Primary General		000.00	P/R Deduction (\$50.00 Bi-
	Other (specify) ▼	0	900.00	Weekly)
	<u>l</u>			
s	UBTOTAL of Receipts This Page (optional)			250.00
T	OTAL This Period (last page this line number only)		>	

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 95 / 130				
			Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Guillinary Fage	13 14 15 16 17				
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions				
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.				
\	NAME OF COMMITTEE (In Full)							
\rangle	American Hospital Association PAC							
_	Full Name (Last, First, Middle Initial)							
۹.	Mr. Richard J. Pollack			Date of Receipt				
	Mailing Address 325 Seventh Street, NW	1		M M / D D / Y Y Y Y				
	Suite 700							
	City	State	Zip Code	Transaction ID: PR328260919794				
	Washington	DC	20004-2818	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		80.00				
	federal political committee.							
	Name of Employer American Hospital Associa-	Occupation	n	7				
	American Hospital Association-Washingt	Executive	e Vice President					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		000.00	P/R Deduction (\$40.00 Bi-				
	Other (specify)		960.00	Weekly)				
2	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt				
٠.	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y				
	Walling Address 1221 Gavaller Hoad							
	City	State	Zip Code	Transaction ID: PR328310419794				
	Arnold	MD	21012-2126	Amount of Each Receipt this Period				
	FEC ID number of contributing			100.00				
	federal political committee.	C		100.00				
	Name of Employer	Occupation	^	4				
	Name of Employer American Hospital Associa-		President. Communications					
	tion-Washingt Receipt For:	1	e Year-to-Date ▼	-				
	Primary General	199.194.1		P/R Deduction (\$50.00 Bi-				
	Other (specify) ▼	1	900.00	Weekly)				
_	Full Name (Last, First, Middle Initial)							
٠.	Mr. Stephen M. Ahnen			Date of Receipt				
	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR328312719794				
	Arlington	VA	22205-1629	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		100.00				
	Name of Freedom	10		_				
	Name of Employer American Hospital Associa-	Occupation	ce President					
	tion-Washingt Receipt For:		e Year-to-Date ▼	-				
	Primary General	riggrogate	Tour to Bate V	P/R Deduction (\$50.00 Bi-				
	Other (specify)	1	900.00	Weekly)				
				<u> </u>				
	200.00							
S	UBTOTAL of Receipts This Page (optional)			280.00				
T	OTAL This Period (last page this line number or	nly)	>					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 130
ITEMIZED RECEIPTS		or each category of the		(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δη	y information copied from such Reports and St	atements may	y not he sold or used by any nerso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341819794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	ո Political Action & Grassroot	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial)			Date of Descript
В.	Ms. Carla L. Luggiero Mailing Address 325 Seventh Street, NV	N/		Date of Receipt
	Suite 700	V		M M / D D / Y Y Y Y
	City		Zip Code	Transaction ID: PR328490119794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		21.74
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt		ciate Director	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		228.27	P/R Deduction (\$10.87 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328511819794
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		95.20
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	1142.40	P/R Deduction (\$47.60 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			196.94
\vdash			······································	
T	OTAL This Period (last page this line number of	only))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 97 / 130						
	EMIZED RECEIPTS		or each category of the	(check only one)						
•••		Detailed Summary Page		X 11a 11b 11c 12 15 16 17						
Δη	y information copied from such Reports and St	atements may	y not be sold or used by any person							
or f	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
	American Hospital Association PAC									
A.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt						
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR328512019794						
	Arlington	VA	22205-1655	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		40.00						
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Media Relations							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		480.00	P/R Deduction (\$20.00 Bi-						
	Other (specify)	0 0	400.00	Weekly)						
	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt						
	Mailing Address AHA One North Franklin Stre	eet		M M / D D / Y Y Y Y						
City			Zip Code	Transaction ID: PR329013419794						
	Chicago	<u> </u>	60606	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer American Hospital Associa-	Occupation	ı	7						
	tion-Chicago		Psychiatric and Substance A	vp						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		450.00	P/R Deduction (\$25.00 Bi- Weekly)						
	Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD			Date of Receipt						
	Mailing Address One North Franklin			M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR329071319794						
	Chicago	IL	60606-3436	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.				100.00						
	Name of Employer American Hospital Associa- tion-Chicago Receipt For:	n t & COO, Leadership & Busin Year-to-Date ▼	ness							
	Primary General		P/R Deduction (\$50.00 Bi-							
	Other (specify) 🔻	0 0	900.00	Weekly)						
SI	JBTOTAL of Receipts This Page (optional)		>	190.00						
	DTAL This Period (last page this line number of	only)	>							

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 98 / 130					
			Use separate schedule(s) or each category of the	(check only one)					
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
				13 14 15 16 17					
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
\rangle	American Hospital Association PAC								
۸.	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke			Date of Receipt					
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR329084419794					
	Washington	DC	20004-2818	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		43.48					
	Name of Employer American Hospital Associa-	Occupation	า	7					
	tion-Washingt	Senior As	ssociate Director Executive E	<u>Br</u>					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		456.54	P/R Deduction (\$21.74 Bi- Weekly)					
 3.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt					
	Mailing Address 500 Interstate Boulevard	South		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR329215719794					
	Nashville	TN	37210-4634	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.				100.00					
	Name of Employer American Hospital Associa-	Occupation	1	7					
	tion-Chicago		Executive						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		900.00	P/R Deduction (\$50.00 Bi- Weekly)					
).	Full Name (Last, First, Middle Initial) Mr. John Evans			Date of Receipt					
	Mailing Address One North Franklin Street	et		M " M / D " D / Y " Y " Y " Y					
	City	State	Zip Code	Transaction ID: PR329342619794					
	Chicago	IL	60606	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		25.00					
	Name of Employer American Hospital Associa-	Occupation	1	7					
	tion-Chicago '	CFO		_					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼	0 0	225.00	P/R Deduction (\$12.50 Bi- Weekly)					
SI	JBTOTAL of Receipts This Page (optional)			168.48					
	. 5 ,								
T	OTAL This Period (last page this line number or	nly)	>						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 99 / 130					
			Use separate schedule(s) or each category of the	(check only one)					
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
			, 0	13 14 15 16 17					
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
$\overline{\ }$	NAME OF COMMITTEE (In Full)								
\rangle	American Hospital Association PAC								
۹.	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris			Date of Receipt					
	Mailing Address 1136 W. Farwel Unit 1W			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR329654219794					
	Chicago	<u> </u>	60626-3861	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		25.00					
	Name of Employer American Hospital Associa- tion-Chicago	Occupation	n e Director, ASDVS						
	Receipt For:		Year-to-Date ▼						
	Primary General Other (specify) ▼	0 0	225.00	P/R Deduction (\$12.50 Bi- Weekly)					
 3.	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman			Date of Receipt					
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y					
	City	State	Zip Code	Transaction ID: PR330343319794					
	Chicago	IL	60606-3436	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		20.00					
	Name of Employer American Hospital Associa-	Occupation	n e Services Director						
	tion-Chicago Receipt For:		Year-to-Date ▼	_					
	Primary General Other (specify) ▼	, igg. egu.	240.00	P/R Deduction (\$10.00 Bi- Weekly)					
	Full Name (Last, First, Middle Initial)								
Э.	Mr. Thomas Misfeldt			Date of Receipt					
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y "					
	City	State	Zip Code	Transaction ID: PR330411619794					
	Chicago	IL	60606-3436	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer American Hospital Associa-	Occupation		7					
	tion-Chicago	-	e Regional Executive						
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (\$05 00 D')					
Other (specify) ▼ 450.00				P/R Deduction (\$25.00 Bi- Weekly)					
s	UBTOTAL of Receipts This Page (optional)			95.00					
_	OTAL Tide Decision of the control of	-1.)							
T	OTAL This Period (last page this line number o	nıy)	.						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 100 / 130					
	EMIZED RECEIPTS		or each category of the	(check only one)					
••		Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16 17					
Δr	y information copied from such Reports and Sta	atements may	y not be sold or used by any ners						
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full)								
	American Hospital Association PAC								
Α.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt					
	Mailing Address 4960 138th Circle West			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR330475419794					
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		80.00					
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General		960.00	P/R Deduction (\$40.00 Bi-					
	Other (specify)		900.00	Weekly)					
В.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt					
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR330534319794					
	Arlington	VA	22205-1609	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer American Hospital Associa-	Occupation							
	tion-Washingt		ciate Director						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		450.00	P/R Deduction (\$25.00 Bi- Weekly)					
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt					
٠.	Mailing Address 530 North Lakeshore Di Unit 2303	rive		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR330547719794					
	Chicago	IL	60611-7424	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		40.00					
	Name of Employer American Hospital Associa- Occ								
	tion-Chicago		sident, Strategic Planning • Year-to-Date ▼	_					
Receipt For: Age Primary General			rear-to-Date V	D/D Deduction (\$20.00 Bi					
	Other (specify) ▼		360.00	P/R Deduction (\$20.00 Bi- Weekly)					
S	UBTOTAL of Receipts This Page (optional)			170.00					
\vdash									

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 101 / 130					
	EMIZED RECEIPTS		or each category of the	(check only one)					
••	LIMIZED HEGEN 10	Detailed Summary Page		X 11a 11b 11c 12					
Δ,	ny information copied from such Reports and Statem	onto mov	not be cold or used by any parce	13 14 15 16 17					
or	for commercial purposes, other than using the name	e and add	rnot be sold of used by any perso ress of any political committee to	solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full)								
	American Hospital Association PAC								
Α.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt					
	Mailing Address One North Franklin			M M / D D / Y Y Y Y					
	•	State	Zip Code	Transaction ID: PR330549219794					
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		40.00					
	American Hospital Associa-	ccupation	n ident, Member Relations						
	tion Onloage		Year-to-Date ▼						
	Primary General	1 1	400.00	P/R Deduction (\$20.00 Bi-					
	Other (specify) ▼	0 0	480.00	Weekly)					
В.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt					
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y					
	City		Zip Code	Transaction ID: PR330776119794					
	Washington	DC	20004-2818	Amount of Each Receipt this Period					
	rodoral political committee.	C		21.72					
	American Henrital Associa	ccupation							
	tion-Washingt	•	ocacy & Member Communic	cations					
		ggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼	0 0	500.00	P/R Deduction (\$21.74 Bi- Weekly)					
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq.			Date of Receipt					
٠.	Mailing Address 1101 N. Kentucky Street			M M / D D / Y Y Y Y					
	,	State	Zip Code	Transaction ID: PR331278819794					
	Arlington	VA	22205-3515	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		31.26					
	tion washingt		1	7					
			State Issues Forum						
	Receipt For:	nggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		218.82	P/R Deduction (\$15.63 Bi- Weekly)					
	UBTOTAL of Receipts This Page (optional)			92.98					
\vdash	ODI OTAL OF NECERPLS THIS Page (Optional)		·······						
TOTAL This Period (last page this line number only)									

SCHI	EDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 102 / 130					
			Use separate schedule(s) or each category of the	(check only one)					
	IZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
_				13 14 15 16 1					
Any info	ormation copied from such Reports and Sta ommercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
\ NAN	ME OF COMMITTEE (In Full)								
Am	erican Hospital Association PAC								
	Name (Last, First, Middle Initial) Darlene S. Vanderbush			Date of Receipt					
Mail ——	ing Address 26 West Glendale Ave			M M / D D / Y Y Y Y					
City		State	Zip Code	Transaction ID: PR331304219794					
<u>Ale</u>	xandria	VA	22301-2402	Amount of Each Receipt this Period					
	CID number of contributing eral political committee.	C		38.48					
Nam Ame	ne of Employer erican Hospital Associa-	Occupation Director	n Advocacy and Public Policy (
	-Washingt eipt For:	1	Year-to-Date ▼						
	Primary General			P/R Deduction (\$19.24 Bi-					
	Other (specify) ▼	0 0	461.74	Weekly)					
	Name (Last, First, Middle Initial) Jo Ann Webb			Date of Receipt					
Mail	ing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y					
City		State	Zip Code	Transaction ID: PR331379119794					
<u>Wa</u>	shington	DC	20004-2818	Amount of Each Receipt this Period					
	CID number of contributing eral political committee.	C		25.00					
Nan	ne of Employer erican Organization of	Occupation	า	7					
Nur	se Executi		Federal Relations & Policy						
Rec	eipt For: Primary General	Aggregate	Year-to-Date ▼						
	Primary ☐ General Other (specify) ▼		225.00	P/R Deduction (\$12.50 Bi- Weekly)					
	Name (Last, First, Middle Initial) Judy Weinsheimer			Date of Receipt					
Mail	ing Address 325 Seventh Street, NW Suite 700			M " M / D " D / Y " Y " Y " Y					
City		State	Zip Code	Transaction ID: PR331386919794					
<u>Wa</u>	shington	DC	20004-2818	Amount of Each Receipt this Period					
	CID number of contributing eral political committee.	C		25.00					
Nan	ne of Employer	Occupation	า	7					
American Hospital Associa- tion-Washingt			ssociate Director						
Rec	eipt For:	Aggregate	e Year-to-Date ▼						
	Primary General Other (specify) ▼		225.00	P/R Deduction (\$12.50 Bi- Weekly)					
SUBT	OTAL of Receipts This Page (optional)			88.48					
	or recorpto trilo rago (optional)		•••••••••••••••••••••••••••••••••••••••						
TOTA	L This Period (last page this line number or	nly)	>						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 103 / 130						
	EMIZED RECEIPTS	or each category of the		(check only one)						
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Δr	ny information copied from such Reports and St	atomonte may	y not be sold or used by any pers							
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
	American Hospital Association PAC									
A.	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt						
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR331416019794						
	Austin	TX	78761-5587	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		120.00						
	Name of Employer American Hospital Associa- tion	Occupation Regional	n Executive							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		1437.69	P/R Deduction (\$60.00 Bi- Weekly)						
В.	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt						
	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR331533219794						
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		80.00						
	Name of Employer American Hospital Associa-	Occupation								
	tion-Washingt Receipt For:		Sident, Policy	_						
	Primary General	Aggregate	e Year-to-Date ▼	D/D Daduction (\$40.00 Bi						
	Other (specify) ▼		960.00	P/R Deduction (\$40.00 Bi- Weekly)						
<u>с.</u>	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy			Date of Receipt						
	Mailing Address One North Franklin			M M / D D / Y Y Y Y						
	City	State	Zip Code	Transaction ID: PR346168119794						
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.				41.66						
	Name of Employer American Hospital Associa-			\neg						
	tion-Chicago	_ +	e Director, ASHRM							
			e Year-to-Date ▼							
	Primary General Other (specify) ▼		458.26	P/R Deduction (\$20.83 Bi- Weekly)						
s	UBTOTAL of Receipts This Page (optional)			241.66						
H	OTAL This Period (last page this line number of									

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 104 / 130 (check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
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\	NAME OF COMMITTEE (In Full)	ie and add	iless of any political confinitiee to s	Olicit Contributions from Such Committee.
$ \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ac			
Α.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
Λ.	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR517619719794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.40
	Name of Employer American Hospital Associa-	Occupation	1	1
	tion-Washingt		rector Executive Branch Rela	<u>t</u>
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		921.60	P/R Deduction (\$39.20 Bi- Weekly)
	Other (specify)	1 1		weekly)
_	Full Name (Last, First, Middle Initial)			
В.	Ms. Ashley B. Thompson			Date of Receipt
	Mailing Address 606 South Royal Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR766023719794
	Alexandria	VA	22314-4142	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		38.48
	Name of Employer American Hospital Associa-	Occupation	1	†
	American Hospital Associa- tion-Washingt	Senior As	ssociate Director, Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		423.26	P/R Deduction (\$19.24 Bi-
	Other (specify) ▼	1 1	120.20	Weekly)
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Lisa Kidder Hrobsky			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR876637219794
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing	С		20.00
Name of Employer American Hospital Association-Washingt Occupation Senior Ass				
]	
		ssociate Director	_	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		240.00	P/R Deduction (\$10.00 Bi- Weekly)
	Carlot (opcony)	0 0		1.35.0,
				136.88
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	130.00
т	OTAL This Period (last page this line number only))	>	

PAGE 105 / 130 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows Date of Receipt Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Transaction ID: PR936292319794 Washington DC 20004-2818 Amount of Each Receipt this Period FEC ID number of contributing 20.00 C federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation **Director of Operations** Aggregate Year-to-Date ▼ Receipt For: General Primary P/R Deduction (\$10.00 Bi-240.00 Weekly) Other (specify) Full Name (Last, First, Middle Initial) B. Mr. David A. Strickland Date of Receipt Mailing Address One N. Franklin Street City State Zip Code Transaction ID: PR939603919794 Chicago IL 60606 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Name of Employer American Organization of Occupation Director of Operations Nurse Executi Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$12.50 Bi-225.00 Weekly) Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	45.00
TOTAL This Period (last page this line number only)	•	96312.03

SCHEDULE A (FEC Form 3X)	Use separate	schedule(s)	FOR LINE NUMBER: PAGE 106 / 130
TEMIZED RECEIPTS	or each categ	gory of the	(check only one)
· - -	Detailed Sum	nmary Page	13 14 15 16 17
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or u ne and address of any politi	sed by any person	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Texas Hospital Association HOSPAC - Federal			Date of Receipt
Mailing Address P.O. Box 15587			11 06 2007
City	State Zip Code	_	Transaction ID: 14724054
Austin	TX 78761-558	/	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00301325		15000.00
Name of Employer	Occupation]
Receipt For:	Aggregate Year-to-Date ▼	7	
Primary General Other (specify) ▼	0 0 0 0 0	73000.00	
Full Name (Last, First, Middle Initial) 3. California Healthcare Association PAC - Federal			Date of Receipt
Mailing Address 1215 K Street Suite 800			111 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code CA 95814		Transaction ID: 14729700
Sacramento FEC ID number of contributing		1 1	Amount of Each Receipt this Period
federal political committee.	C C00237495		20000.00
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼	•	
Primary General Other (specify) ▼		156000.00	
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAC			Date of Receipt
Mailing Address One Empire Drive			11 09 2007
City	State Zip Code		Transaction ID: 14730341
Rensselaer F50 ID and how for a bit time.	NY 12144		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00160259		30000.00
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼	•	
Primary General Other (specify) ▼		130000.00	
SUBTOTAL of Receipts This Page (optional)			65000.00
		<u> </u>	65000.00
TOTAL This Period (last page this line number only	·)		00000

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 107 / 130 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 **X** 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Citibank, F.S.B. Date of Receipt Mailing Address 1400 G Street, NW 1.1 30 2007 City Zip Code State Transaction ID: 14820722 Washington DC 20005 Amount of Each Receipt this Period FEC ID number of contributing C 429.06 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Interest 3873.71 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	429.06
TOTAL This Period (last page this line number only)	<u> </u>	429.06

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the		FOR LINE (check only	NUMBER: PAGE 108 ly one)					/ 130
	EMIZED DISBURSEMEN 12	Detailed Summary Page		X 21b 27	22 28a	23 28b	22	4 Bc	25 29	26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam									S
	NAME OF COMMITTEE (In Full) American Hospital Association PAC	o and addition of any pointed								
_	Full Name (Last, First, Middle Initial)				Trans	action ID	: 1482	0717		
Α.	American Express					of Disburs				
	Mailing Address Ste. 001				1 1	M / D	0 1 /	2	ž o ŏ 7	7 ^Y
	City Chicago	State Zip Code IL 60679			Amou	nt of Eacl	າ Disbu	rsemer		
	Purpose of Disbursement Merchant Fees			001					4.	50
	Candidate Name		C	ategory/ Type						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) ▼	<u>I</u>		Merch	ant Fee	S			
	Full Name (Last, First, Middle Initial)				Tuono	action ID	- 1400	0710		
В.	American Express					of Disburs		0719		
	Mailing Address Ste. 001				1 1	M / D	05	Y	ž o ŏ 7	7 ^Y
	City Chicago	State Zip Code IL 60679			Amou	nt of Eacl	า Disbu	rsemer	nt this F	Period
	Purpose of Disbursement Merchant Fees			001					49.	42
	Candidate Name		C	ategory/ Type						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	!		Merch	ant Fee	S			
— С.	Full Name (Last, First, Middle Initial)					action ID		0720		
U.	Merchant Bankcard					of Disburs		Υ ,	YY	Y
	Mailing Address 1601 Elm Street				1 1		0 5 ^D	2	ž o ŏ 7	7
	City Dallas	State Zip Code TX 75201			Amou	nt of Eacl	ı Disbu	rsemer	nt this F	Period
	Purpose of Disbursement Merchant Fees			001				80.0	03	
	Candidate Name	С	ategory/ Type							
	Senate President	ement For: Primary General Other (specify)	!		Merch	ant Fee	S			
	State: District:									
s	UBTOTAL of Disbursements This Page (optional)			<u> </u>	L.				133.9	95
Т	OTAL This Period (last page this line number only))		▶	L.		-			

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	y Information copied from such Reports and State for commercial purposes, other than using the nan												S				
	NAME OF COMMITTEE (In Full) American Hospital Association PAC																
Α.	Full Name (Last, First, Middle Initial) Merchant Bankcard					Date o	f Di	isburs	-			0 ŏ 7	, Y				
	Mailing Address 1601 Elm Street					111) ()		001					
	City Dallas	State TX	Zip Code 75201			Amount of Each Disbursement this Period											
	Purpose of Disbursement Merchant Fees			Q)1	141.77											
	Candidate Name		gory/ pe														
	Senate President	ement For: Primary Other (spe	General cify) ▼		Merchant Fees												
_	State: District: Full Name (Last, First, Middle Initial)								_								
В.	Citibank, F.S.B.					Date o			en	48231 nent			V				
	Mailing Address 1400 G Street, NW					1 1 1	VI		2 (֓֟֓֓֓֓֓֓֓֟֟֓֓֓֓֟֓֓֓֓֓֓֓֟֓֓֓֓֓֓֓֓֓֓֓֓֟֓֓֓֟֓֓֓֓	2	0 ŏ 7	7 '				
	City Washington		Amoui	nt o	f Each	ı D	Disburse	men			od						
	Purpose of Disbursement Bank Fee			Q()1	85.70											
	Candidate Name																
	Senate President	Primary Other (spe	General cify) ▼			Bank	Fee)									
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		207.47
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	CHEDULE B (FEC Form 3X)		erate schedule(s)			OR L		NUMBE one)	R:			ſ	PAGE	110	/ 130	_
	EMIZED DISBURSEMENTS	Detailed S	category of the Summary Page		È	21k 27	È	22 28a	Х	23 28l		24 28		25 29		26 30t
	/ Information copied from such Reports and Statem or commercial purposes, other than using the name														ıs	
abla	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Robert Wexler For Congress Committee							Trans Date		-	-		317			_
	Mailing Address Post Office Box 810669								_		0 5		Y	ž 0 Ŏ	7 ^Y	
		State FL	Zip Code 33431					Amou	unt c	of Ea	ch D	isbur	semer	nt this	Period	_
	Purpose of Disbursement Contribution			Г	0	11	1				_			1000.	00	
	Candidate Name Rep. Robert Wexler			С	ate	egory/ /pe										
	Senate X President	ment For: Primary Other (spe	2008 General					Contr	ribu	tion						
	State: FL District: 19 Full Name (Last, First, Middle Initial)							Trans	eact	ion	ID: 1		รรกด			_
B.	John Lewis For Congress							Date		isbu	rsem	ent		ΥΥΥ	Υ	
	Mailing Address 2015 Wallace Rd.							11		L	0 5		2	ž o ŏ	7	
	Atlanta	State GA	Zip Code 30331					Amou	unt c	of Ea	ch D	isbur		nt this		7
	Purpose of Disbursement Contribution					11		L.						1000.	00	_
	Candidate Name Rep. John Lewis					egory/ vpe										
	Senate X President	ement For: Primary Other (spe	2008 General					Contr	ribu	tion						
	State: GA District: 5 Full Name (Last, First, Middle Initial)											47.45				
C.	Berman For Congress							Trans Date		isbu	rsem	ent		V · V	V	
	Mailing Address 6380 Wilshire Blvd. #161	2						1 1		Ĺ	0 5		2	ž 0 ŏ	7	
		State CA	Zip Code 90048					Amou	unt c	f Ea	ch D	isbur		nt this		7
	Purpose of Disbursement Contribution				0	11		L.	_	_	-	-		2000.	00	_
	Candidate Name Rep. Howard L. Berman					egory/ vpe										
		ment For: Primary Other (spe	2008 General					Contr	ribu	tion						
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NAME OF COMMITTEE (In Full)	e and address of any political co	minilitee	O SOIIC	SIL CONTINOL	Juons no	JIII SUCII	COITIII	iiiiee	
American Hospital Association PAC									
Full Name (Last, First, Middle Initial)				Transac	tion ID:	147453	306		
TOMPAC-Together for Our Majority PAC				M M	Disburse / D		v v		V
Mailing Address P.O. Box 16488				1"1 ""	0	5 /	2	0 ŏ 7	
City Arlington	State Zip Code VA 22215			Amount	of Each	Disburse	ement	this P	eriod
Purpose of Disbursement	VA 22213		_				1:	500.0	0
2007 Contribution		011							
Candidate Name		Category Type							
Senate President	ment For: Primary General Other (specify)			2007 Co	ontribut	ion			
State: District:									
Full Name (Last, First, Middle Initial) 3. Jo Bonner For Congress Committee				Transac	tion ID: Disburse		313		
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Mailing Address P.O. Box 851232				11	Ŏ	5	2	007	
City Mobile	State Zip Code AL 36685			Amount	of Each	Disburse	ement	this P	eriod
Purpose of Disbursement			7				. 1	0.00	0
Contribution		011							
Candidate Name Rep. Jo Bonner		Category/ Type							
Senate X President	ment For: 2008 Primary General Other (specify)			Contrib	ution				
State: AL District: 1									
Full Name (Last, First, Middle Initial) Turner For Congress				Transac Date of		147453 ement	315		
Mailing Address 131 N. Ludlow Street Su	te 317			11	0	5 /	ž	0 ŏ 7	Y
City Dayton	State Zip Code OH 45402			Amount	of Each	Disburse	ement	this P	eriod
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Candidate Name Rep. Michael R. Turner		Category Type							
Office Sought: X House Disburse	ment For: 2008 Primary General Other (specify)	,, -		Contrib	ution				
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NAME OF COMMITTEE (In Full)	e and address of any political co	mmuee	to son	CIL CONTIN	bulloris ii	om suci	COIII	niilee		
American Hospital Association PAC										
Full Name (Last, First, Middle Initial)					action ID		314			
Tom Feeney For Congress				M N	f Disburs		Y Y	Y	Υ	
Mailing Address 1420 Alafaya Trail #103				11		5 5	2	0 0 7		
City Oviedo	State Zip Code FL 32765			Amour	nt of Each	n Disburs	semen	t this P	eriod	
Purpose of Disbursement	1L 32703		-				1	1000.0	0	1
Contribution		011								
Candidate Name Rep. Tom Feeney		Category Type	/							
Senate X President	ement For: 2008 Primary General Other (specify)			Contril	oution					
State: FL District: 24										
Full Name (Last, First, Middle Initial) 3. Elizabeth Dole Committee Inc					action ID f Disburs	_	308			
Mailing Address PO Box 2918				1 1 N	/ D	5 /	Y Ž	0 ŏ 7	Y	
										_
City Raleigh	State Zip Code NC 27602			Amour	nt of Each	n Disburs	semen	t this P	eriod	_
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Contribution Candidate Name Sen. Elizabeth Dole		011 Category Type	/							
X Senate X President	ement For: 2008 Primary General Other (specify)			Contril	bution					
State: NC District: 1 Full Name (Last, First, Middle Initial)										
The 13th Colony Leadership Committee, In	ı			Date o	action ID f Disburs	ement	307			
Mailing Address PO Box 114				111	/ D	5 /	ž	0 0 7	Y	
City Savannah	State Zip Code GA 31402			Amour	nt of Each	n Disburs	semen	t this P	eriod	_
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	y Information copied from such Reports and State for commercial purposes, other than using the nan										S
<u> </u>	NAME OF COMMITTEE (In Full)	io and address of an	y pontiour								
\rangle	American Hospital Association PAC										
Α.	Full Name (Last, First, Middle Initial)						action ID		5318		
۸.	Friends of Mark Warner					М	of Disburs		YY	, · Y	Υ
	Mailing Address 201 N. Union Street Suite 350					1 1		05	2	0 ŏ 7	
	City	State Zip C				Amou	nt of Eac	h Disbu	rsemen	t this F	Period
	Alexandria Purpose of Disbursement	VA 2231	14						1	1000.0	00
	Contribution			01	1						
	Candidate Name Mark Warner			Cate							
	Office Sought: House Disburs	ement For: 2	L 2008	. ,,		Contri	hution				
	X Senate President	,, L	General			Contin	Dution				
	State: VA District: 0	Other (specify)	•								
В.	Full Name (Last, First, Middle Initial)						action ID		5316		
Ь.	Poe For Congress						of Disburs	sement	YY	, · y ·	Y
	Mailing Address P.O. Box 14222					1"1		0 6	2	0 0 7	
	City Humble	State Zip C				Amou	nt of Eac	h Disbu	rsemen	t this F	Period
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	Candidate Name Rep. Ted Poe			Cate							
			2008			Contri	bution				
	Senate >	Other (specify)	General •								
	State: TX District: 2	Tane: (epselly)									
C.	Full Name (Last, First, Middle Initial) Capuano For Congress Committee						action ID		5335		
	Mailing Address PO Box 440305					1 1	M / D	1 2 /	Ý Ž	0 0 7	, Y
	City Somerville	State Zip C MA 0214				Amou	nt of Eac	h Disbu	rsemen	t this F	Period
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	Contribution Candidate Name			01 Cate							
	Rep. Michael E. Capuano			Ту							
	ů X		2008 General			Contri	bution				
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	y Information copied from such Reports and Statem						the pu		se of s		ting co			
or	for commercial purposes, other than using the name	e and address of any politica	l com	ım	ittee to	solic	it contr	ibuti	ions fr	om s	such c	omm	ittee	
\setminus	NAME OF COMMITTEE (In Full)													
	American Hospital Association PAC													
_	Full Name (Last, First, Middle Initial)										74548	36		
Α.	Committee To Re-Elect Nydia M. Velazque	ez To Congre						of Di	isburs		nt		· V	V
	Mailing Address 315 Inspiration Lane						1 1		์ี่ 1	2	Ĺ	2	0 ŏ 7	
		State Zip Code					Amou	int o	f Each	n Dis	burser	nent	this F	Period
		MD 20878							-			10	000.0	00
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	Candidate Name		Ca	ate	egory/	1								
	Rep. Nydia M. Velazquez			Ty	/pe									
	X	ement For: 2008 Primary General					Contr	ibut	ion					
	President	Other (specify)												
	State: NY District: 12													
В.	Full Name (Last, First, Middle Initial) Solis For Congress						Trans					91		
	Solis For Congress							м	isburs		nt / Y	Y	Y	Υ
	Mailing Address 6380 Wilshire Blvd. #161	12					1 1		1	2	L	2	0 ŏ 7	
	,	State Zip Code					Amou	int o	f Each	n Dis	burser	nent	this F	Period
	Los Angeles Purpose of Disbursement	CA 90048		_								10	000.0	00
	Contribution			Ö	11			-	-	•		0		•
	Candidate Name Rep. Hilda L. Solis		ı		egory/									
		ement For: 2008		1)	/pe									
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	President	Other (specify)												
	State: CA District: 32 Full Name (Last, First, Middle Initial)						_							
C.	Stephanie Tubbs Jones For U.S. Congress	3					Trans Date		-		74532 nt	29		
	Mailing Address 0700 CU L D L						м 1 1	М	/ D	D D	/ Y	Ý	0 ŏ 7	, Y
	Mailing Address 3729 Silsby Rd									_			007	
	City University Heights	State Zip Code OH 44118					Amou	int o	f Each	n Dis	burser	nent	this F	Period
	Purpose of Disbursement					1						10	000.	00
	Contribution Candidate Name			_	11									
	Rep. Stephanie Tubbs Jones				egory/ /pe									
	Office Sought: X House Disburse	ement For: 2008	<u> </u>		·		Contr	ihut	ion					
	Senate	Primary X General					Conti	ibut	1011					
	State: OH District: 11	Other (specify)												
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City Tampa	State Zip Code FL 33606		Amoun	t of Each Disbu	ursement	this Pe	riod
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NAME OF COMMITTEE (In Full)	e and address of any political co	minile	2 10 501	CIL COLLLI	DULIONS II	OIII SUCI	COITII	iiitee		_
American Hospital Association PAC										
Full Name (Last, First, Middle Initial)					action ID	_	488			
Congressman Bart Gordon Committee					f Disburs		V V	V .	V	
Mailing Address P.O. Box 2008				1"1		19 /	2	0 ŏ 7		
City Murfreesboro	State Zip Code TN 37133			Amour	nt of Each	n Disburs	emen	t this P	eriod	
Purpose of Disbursement	37133		_				1	500.0	0	1
Contribution		011								
Candidate Name Rep. Bart Gordon		Catego Type	ry/							
Senate President	ement For: 2008 Primary X General Other (specify)			Contri	bution					
State: TN District: 6										_
Full Name (Last, First, Middle Initial) 3. People For English					action ID f Disburs		493			
				M	/ / D	D /	YYY	0 ŏ 7	Υ	
Mailing Address PO Box 1940				11		19		007		
City Erie	State Zip Code PA 16507			Amour	nt of Each	n Disburs	emen	t this P	eriod	
Purpose of Disbursement			_				1	000.0	0	
Contribution		011								
Candidate Name Rep. Phil English		Catego Type	'y/							
Office Sought: X House Disburse Senate President	ement For: 2008 Primary X General Other (specify)			Contri	bution					
State: PA District: 3										
Full Name (Last, First, Middle Initial) Citizens For Bunning					action ID f Disburs		439			
Mailing Address 1717 Dixie Highway Suit	e 180			1 1 N	/ D.	19 /	^Y 2	0 ŏ 7	Y	
City Ft Wright	State Zip Code KY 41011			Amour	nt of Each	n Disburs	emen	t this P	eriod	_
Purpose of Disbursement 2010 Contribution		011	\neg				1	0.000	0	
Candidate Name Sen. Jim Bunning		Catego Type	ry/							
Office Sought: House Disburs	ement For: 2010 Primary General Other (specify)	1 900		2010 (Contribu	ition				
SUBTOTAL of Disbursements This Page (optional)			•		• •		3	500.0	0]
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check only	NUMBER: PAGE 123 / 130 y one)
I LIVIIZED DISBURSEIVIEN I S	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Joe Wilson For Congress Committee			Transaction ID: 14757473 Date of Disbursement
Mailing Address Post Office Box 2145			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 7 \end{smallmatrix} \end{bmatrix}$
City West Columbia	State Zip Code SC 29171		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Joe Wilson		Category/ Type	
Senate President	sement For: 2008 X Primary General Other (specify)		Contribution
State: SC District: 2			
Full Name (Last, First, Middle Initial) Gingrey For Congress			Transaction ID: 14757492 Date of Disbursement
Mailing Address PO Box U			111
City Marietta	State Zip Code GA 30060		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Phil Gingrey, M.D.		Category/ Type	
-	sement For: 2008 X Primary General Other (specify)	71	Contribution
Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc			Transaction ID: 14757489 Date of Disbursement
Mailing Address PO Box 2918			1 1 1 9 2 0 0 7
City	State Zip Code		Amount of Each Disbursement this Period
Raleigh Purpose of Disbursement Contribution	NC 27602	044	1000.00
Candidate Name Sen. Elizabeth Dole	I	011 Category/ Type	
	sement For: 2008 X Primary General Other (specify)	.,,,,,	Contribution
<u> </u>	n.		3000.00
SUBTOTAL of Disbursements This Page (optional	l)	<u></u>	
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	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS		erate schedule(s) category of the				INE NUMBER: PAGE 124 (/ 130				
	LIVIIZED DISBURSEIVIEN I S		Summary Page		F	21b 27		22 28a	X	23 28b	, [24 28	c _	25 29	26 30
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam														s
\vdash	NAME OF COMMITTEE (In Full)														
	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc							Trans Date				_	'490		
	Mailing Address PO Box 2918							1 ^M 1	М	/ [19	′	Y	2 0 0 Z	7 ^Y
	City Raleigh	State NC	Zip Code 27602					Amou	ınt o	f Ea	ch D	isbur	semer	nt this	Period
	Purpose of Disbursement Contribution			Γ	0	11		L.				•		4000.	00
	Candidate Name Sen. Elizabeth Dole					gory/ pe									
	X Senate President	ement For: Primary Other (spe	2008 X General					Contr	ribu	tion					
	State: NC District: 1														
В.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress							Trans Date	of D	isbu	rsem	ent			
	Mailing Address 3161 Dixie Highway Suite F							1 1	М	/ [19		Ý 2	Ý 0 Ŏ 7	7 ^Y
	City Erlanger	State KY	Zip Code 41018					Amou	ınt o	f Ea	ch D	isbur		nt this	
	Purpose of Disbursement Contribution				0	_		L.	0			•		2000.	00
	Candidate Name Rep. Geoffrey Davis					gory/ pe									
	-	ement For: C Primary Other (spe	2008 General			•		Contr	ribut	tion					
— С.	Full Name (Last, First, Middle Initial) James Webb For Senate							Trans				_	432		
	Mailing Address PO Box 17427								М		1 9		Y	2 0 0 Z	7 ^Y
	City Arlington	State VA	Zip Code 22216					Amou	ınt o	f Ea	ch D	isbur	semer	nt this	Period
	Purpose of Disbursement 2012 Contribution			Г	0	11		L.						1000.	00
	Candidate Name Mr. James Webb					gory/ pe									
	· -	ement For: Primary Other (spe	2012 General ecify) ▼					2012	Coi	ntrib	utio	n			
S	UBTOTAL of Disbursements This Page (optional)					•							. 7	'000.	00
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SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE (check only		PAGE 125 / 130
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan				
NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Friends of John Barrasso			Transaction ID: 14757 Date of Disbursement	484 ^Y ^Y ^Y ^Y ^Y ^Y
Mailing Address 6896 Casper Mountain	Road		11	2001
City Caster	State Zip Code WY 82601		Amount of Each Disburs	sement this Period
Purpose of Disbursement Contribution		011		5000.00
Candidate Name John Barrasso		Category/ Type		
	ement For: 2008 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Latta for Congress Committee			Transaction ID: 14757 Date of Disbursement	486
Mailing Address 300 North Main Street			11	Y ŽOÕ7Y
City Bowling Green	State Zip Code OH 43402		Amount of Each Disburs	
Purpose of Disbursement Contribution		011		1500.00
Candidate Name Bob Latta		Category/ Type		
Senate President	ement For: 2007 Primary General Other (specify) Special General		Contribution	
Full Name (Last, First, Middle Initial) - Rob Wittman For Congress	•		Transaction ID: 14800 Date of Disbursement	442
Mailing Address PO Box 999			11	Y ŽOÕ7Y
City Montross	State Zip Code VA 22520		Amount of Each Disburs	sement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Mr. Rob Wittman		Category/ Type		
Senate President	ement For: 2007 Primary General Other (specify) Special General		Contribution	
SUBTOTAL of Disbursements This Page (optional)				7500.00
TOTAL This Period (last page this line number only				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check onl	NUMBER: PAGE 126 / 130 ly one)
II EWIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Earl Pomeroy For Congress			Transaction ID: 14800707 Date of Disbursement
Mailing Address P.O. Box 9336			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Fargo	State Zip Code ND 58106		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Earl Pomeroy		Category/ Type	
Senate President	ement For: 2008 Primary General Other (specify)		Contribution
State: ND District: 1 Full Name (Last, First, Middle Initial)			Transaction ID: 14800704
B. Lot Of People For Dave Obey			Date of Disbursement
Mailing Address 525 Washington St			111 / 27 / 2007
City Wausau	State Zip Code WI 54402		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. David R. Obey		Category/ Type	
Office Sought: X House Disburs Senate President	ement For: 2008 Primary X General Other (specify)		Contribution
State: WI District: 7			
Full Name (Last, First, Middle Initial) C. Davis For Congress/Friends Of Davis			Transaction ID: 14800751 Date of Disbursement
Mailing Address 5956 W. Race Avenue			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Chicago	State Zip Code IL 60644		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. Danny K. Davis		Category/ Type	
· -	ement For: 2008 Primary General Other (specify)		Contribution
SUBTOTAL of Disbursements This Page (optional			4000.00
TOTAL This Period (last page this line number only		<u> </u>	

SCHEDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check only	NUMBER: / one)	PAGE 127/130
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23	24 25 26 28c 29 30
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) American Hospital Association PAC	e and address of any political oc		ion contributions from st	2011 001111111111111
Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee			Transaction ID: 148 Date of Disbursemen	
Mailing Address PO Box 87			11 27	2007
City Uwchland	State Zip Code PA 19480		Amount of Each Disb	ursement this Period
Purpose of Disbursement Contribution		011		2000.00
Candidate Name Rep. James W. Gerlach		Category/ Type		
Office Sought: X House Disburse Senate President State: PA District: 6	ement For: 2008 Primary X General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Steve Rothman For New Jersey Inc.			Transaction ID: 148 Date of Disbursemen	
Mailing Address P.O. Box 714			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 9 \end{bmatrix}$	['] 2007
City Hackensack	State Zip Code NJ 07602		Amount of Each Disb	oursement this Period
Purpose of Disbursement Contribution		011		1000.00
Candidate Name Rep. Steven R. Rothman	'	Category/ Type		
, <u>x</u>	ement For: 2008 Primary General Other (specify)		Contribution	
Full Name (Last, First, Middle Initial) Committee for a Progressive Congress			Transaction ID: 148 Date of Disbursemen	
Mailing Address 555 New Jersey Avenue	, NW, Suite 2		$\begin{bmatrix} 1 & 1 & 1 & 1 \end{bmatrix}$	2007
City Washington	State Zip Code DC 20001		Amount of Each Disb	ursement this Period
Purpose of Disbursement 2007 Contribution		011		5000.00
Candidate Name	-	Category/ Type		
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		2007 Contribution	
SUBTOTAL of Disbursements This Page (optional)				8000.00
TOTAL This Period (last page this line number only)	l			

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	y Information copied from such Reports and State													s
or	for commercial purposes, other than using the na	ne and address of any politica	ıl com	nr	ittee to	solic	it contr	ributi	ions fr	om s	such c	omn	nittee	
$ \rangle$	NAME OF COMMITTEE (In Full)													
	American Hospital Association PAC													
	Full Name (Last, First, Middle Initial)										8014	09		
Α.	RED PAC							_	isburs		nt	· · ·	V .	V
	Mailing Address 437-B New Jersey Ave.	, SE					1"1		້ _ ້ 2	2 9	Ľ	2	o ŏ 7	7 '
	City	State Zip Code					Amou	int o	f Each	n Dis	burse	men	t this I	Period
	Washington	DC 20003										1	000.	00
	Purpose of Disbursement 2007 Contribution			0	11			-		_				
	Candidate Name		Ca	at	egory/ ype									
	Office Sought: House Senate President State: District:	sement For: Primary General Other (specify)	•				2007	Cor	ntribu	tion	l			
_	Full Name (Last, First, Middle Initial)					+								
В.	Gillibrand For Congress						Date	of D	isburs	eme	80190 ent		* \/ *	V
	Mailing Address P.O. Box 1279						1 1	М	[/] 2	29	/ L	ž	0 ŏ 7	7 ^Y
	City Hudson	State Zip Code NY 12534					Amou	int o	f Each	n Dis	burse	-		
	Purpose of Disbursement Contribution			0	11		L.	_		-		1	000.	00
	Candidate Name Kirsten Gillibrand				egory/ ype									
		sement For: 2008 X Primary General Other (specify)					Contr	ibut	ion					
	State: NY District: 20													
C.	Full Name (Last, First, Middle Initial) Perlmutter For Congress								on ID		8023 ent	49		
	Mailing Address 3440 Youngfield St #26	4					1 1	М	[/] 2	2 9	/ Y	ž	0 ŏ 7	7 ^Y
	City Wheat Ridge	State Zip Code CO 80033					Amou	int o	f Each	Dis	burse	men	t this I	Period
	Purpose of Disbursement Contribution			0	11	1	L.					2	2500.	00
	Candidate Name Mr. Edwin Perlmutter		Ca	at	egory/ ype									
	Senate President	sement For: 2008 X Primary General Other (specify)					Contr	ibut	ion					
_	State: CO District: 7													
s	UBTOTAL of Disbursements This Page (optional)			<u>. I</u>	<u> </u>						4	500.	00
т	OTAL This Period (last page this line number onl	y)			. 1	•								

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE	NUMBER: PAGE 129 / 130 / one)
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Si or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Berkley For Congress			Transaction ID: 14824347 Date of Disbursement
Mailing Address 3069 Conquista Cou	t		$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} M & N & M \\ 3 & 0 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} M & N & N \\ 2 & 0 & 0 & 7 \end{bmatrix} $
City Las Vegas	State Zip Code NV 89121		Amount of Each Disbursement this Period
Purpose of Disbursement Void of 10/07 Check		011	-2000.00
Candidate Name Rep. Shelley Berkley		Category/ Type	
Senate President	oursement For: 2008 X Primary General Other (specify) ▼		Void of 10/07 Check
State: NV District: 1 Full Name (Last, First, Middle Initial)			Transaction ID: 14824349
Berkley For Congress Mailing Address 3069 Conquista Coul	+		Date of Disbursement 1 1 2 0 0 7
			Assert of Food Distance and this Point
City Las Vegas	State Zip Code NV 89121		Amount of Each Disbursement this Period
Purpose of Disbursement Void of 10/07 Check		011	-500.00
Candidate Name Rep. Shelley Berkley		Category/ Type	
Office Sought: X House Senate President State: NV District: 1	oursement For: 2008 Primary X General Other (specify)		Void of 10/07 Check
Full Name (Last, First, Middle Initial) C. Arcuri For Congress			Transaction ID: 14823713 Date of Disbursement
Mailing Address P.O. Box 8508			$\begin{bmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} D & 3 & 0 \\ 3 & 0 \end{bmatrix} / \begin{bmatrix} Y & 2 & 0 & 7 & Y \\ 2 & 0 & 0 & 7 & Y \end{bmatrix}$
City Utica	State Zip Code NY 13505		Amount of Each Disbursement this Period
Purpose of Disbursement Void of 6/07 check		011	-2500.00
Candidate Name Mr. Michael Arcuri		Category/ Type	
Office Sought: X House Senate President State: NY District: 24	oursement For: 2008 X Primary General Other (specify)		Void of 6/07 check
SUBTOTAL of Disbursements This Page (option	nal)		-5000.00
TOTAL This Period (last page this line number	only)		70000.00

C	CHEDINE B /EEC Form 2	v			
	CHEDULE B (FEC Form 3)	' Use seper	ate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 130 / 130
ΙT	EMIZED DISBURSEMENT		ategory of the	21b	
		Detailed S	ummary Page	27	28a 28b 28c X 29 30b
					for the purpose of solicating contributions
or f	for commercial purposes, other than using	g the name and address	s of any political	committee to so	olicit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PA	(C			
\mathbb{L}					
	Full Name (Last, First, Middle Initial)				Transaction ID: 14810929
A.	Fund for Political Education				Date of Disbursement
	Mailing Address 205.0				111 08 7 2007
	Mailing Address 325 Seventh Stro Suite 700	eet, NW			2007
	City	State	Zip Code		Amount of Each Disbursement this Period
	Washington	DC	20004		Attribute of Each Biobardoment this 1 choo
	Purpose of Disbursement				250.00
	Transfer to Administrative Account			008	
	Candidate Name			Category/	
				Туре	
	Office Sought: House	Disbursement For:			Transfer to Administrative
	Senate	Primary	General		Account
	President	Other (spec	eify) 🔻		
	State: District:				
В.	Full Name (Last, First, Middle Initial)				Transaction ID: 14810930
ъ.	Fund for Political Education				Date of Disbursement
	Mailing Address 325 Seventh Stro	eet NW			111 13 2007
	Suite 700	001, 1111			
	City	State	Zip Code		Amount of Each Disbursement this Period
	Washington	DC	20004		205.00
	Purpose of Disbursement				325.00
	Transfer to Administrative Account			008	
	Candidate Name			Category/ Type	
	Office Sought: House	Disbursement For:		туре	
	Senate	Primary	General		Transfer to Administrative
	President	Other (spec			Account
	State: District:	5 (0 poo	··· <i>J</i> / V		

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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	575.00
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